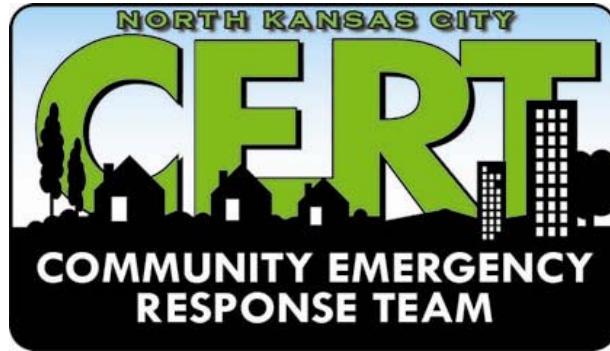


**City of North Kansas City
Community Emergency Response Teams (NKC CERT)**



CERT Volunteer Enrollment Form

Date: _____ Level: _____ Helmet #: _____

Last Name First Name Middle Initial

Address

City State Zip

Home Phone Work Phone

Cell Phone Pager

E-mail Address: _____

Are you bilingual? Yes ___ No ___ If yes, what language(s): _____

Sex: M ___ F ___ Date of birth: _____ Race: _____

Do you have a disability? Yes ___ No ___

If yes, list special accommodations needed:

Emergency Information

In case of Emergency, person to contact should be:

Name

Relationship

Address

City

State

Zip Code

Phone

Release of Information

May we release your personal information to other First responders? ____ Yes ____ No

Volunteer Signature

Print Name

Date

If under 18 years of age, must have Parent or Guardian Consent:

Parent/Guardian signature of consent

Print Name

Date

Acknowledgement:

I hereby certify that I have read and fully understand the information presented in the North Kansas City Police and Fire Emergency Response Team (CERT) program's Standard Operating Procedures document.

Further, I acknowledge that in my decision to respond "at will" to emergency or disaster situations within the City of North Kansas City, it is my duty to obey all federal, state, and local laws while functioning as a CERT member.

Further, as a CERT member, I will always use due care when I am activated. I will follow the directions of the emergency response agencies and supervisors appointed over me. In the event that I am without direction from the emergency response agencies or supervisors, I will perform my duties including making decisions as to the necessity of providing emergency services in a prudent and reasonable manner at all times.

CERT MEMBER'S NAME – PRINTED

CERT MEMBER'S SIGNATURE

DATE

ADDRESS

(____) _____ (____) _____

PHONE NUMBERS TO BE CALLED FOR CALL-OUTS OR NOTIFICATIONS