



Application Community Emergency Response Team (CERT)

Before considering any individual as a volunteer in the CERT program with the City of Twinsburg and the Twinsburg Fire Department, certain information is required to be disclosed by the applicant.

This application must be completed and submitted with all questions answered and "Pertinent Documentation" provided.

You as the applicant are responsible for providing accurate information on the application form and will be required to follow all the rules and regulations associated with this program.

*****WARNING*****

ANY OMISSIONS, FALSIFICATIONS, OR INTENTIONAL FAILURES TO DISCLOSE MANDATORY INFORMATION BY YOU, COULD RESULT IN YOUR REMOVAL FROM FURTHER PARTICIPATION.

INITIAL

I AM INTERESTED IN BECOMING A CERT MEMBER FOR THE CITY OF TWINSBURG. BY BECOMING A CERT MEMBER, I UNDERSTAND THAT THE TWINSBURG POLICE DEPARTMENT SHALL BE CONDUCTING A CRIMINAL BACKGROUND CHECK. I HEREBY GIVE MY AUTHORIZATION FOR SUCH CHECK TO BE COMPLETED BY THE TWINSBURG POLICE DEPARTMENT, OR OTHER LAW ENFORCEMENT AGENCIES.

Mail or drop-off completed and notarized application to:

**Twinsburg CERT
C/O Twinsburg Fire Department
10069 Ravenna Road
Twinsburg, OH 44087
Attn: Captain Steven Bosso, OFE**

**City of Twinsburg
Twinsburg Fire Department**

**Personal Data
Community Emergency Response Team (CERT)**

To be filled out completely (print or type)

<hr/> Last	<hr/> First	<hr/> Initial	<hr/> Maiden
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip
<hr/> / /	<hr/> Place of Birth (City)	<hr/> Place of Birth (State)	
<hr/> / /	<hr/> Alias	<hr/> Gender	
<hr/> Ohio Drivers License Number	<hr/> US Citizen?	<i>(If Naturalized, Provide Documents)</i>	
<hr/> Email address	<hr/> () - Home Phone	<hr/> () - Cell Phone	

Do you have any medical condition(s) that would hamper any activities? _____
(Yes/No)

Do you have any special skills, experience or education that may benefit Twinsburg CERT?

Answering "yes" to the following question does not constitute an automatic denial to this program. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into consideration.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

_____ Yes _____ No

If yes, provide date(s) and detail(s)

**City of Twinsburg
Twinsburg Fire Department**

**Statement of Truth
Community Emergency Response Team (CERT)**

State of _____

County of _____

(PRINT YOUR FULL NAME)

1. I AM THE APPLICANT WHO IS SUBMITTING THIS APPLICATION FORM
2. I PERSONALLY SUPPLIED THE INFORMATION CONTAINED ON THIS FORM.
3. I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IN ORDER TO APPLY TO THE TWINSBURG CERT IS TRUE, COMPLETE, AND CORRECT.

I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE TO (1) ELIMINATE ME FROM FURTHER CONSIDERATION FOR MEMBERSHIP, OR (2) MAY RESULT IN MY IMMEDIATE DISCHARGE FROM THE TWINSBURG CERT, WHENEVER IT IS DISCOVERED.

(LEGAL SIGNATURE)

DATED: _____

SUBSCRIBED AND SWORN TO

BEFORE ME THIS _____ DAY

OF _____,

NOTARY PUBLIC

STATE



I, the individual named above, hereby request permission to participate in the Twinsburg Community Emergency Response Team (Twinsburg CERT) Program and am 18 years of age, or older. I understand that response and training will involve physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of these risks. Further, I have read and understand the Program outline that describes the training and associated activities (a complete description is available at www.citizencorps.gov/cert/).

I agree to indemnify and hold the City of Twinsburg, Twinsburg CERT, and each of their officers, governing bodies, agents, employees, personnel, and volunteers, harmless from any and all claims, actions, or suits for any injury or loss that I may suffer, or which may arise, as a result of my participation in the above mentioned Program. I understand that personal safety is the foundation of Twinsburg CERT and agree to follow the code of conduct, rules, and policies established by the City of Twinsburg, Twinsburg CERT, CERT leadership, and instructors, and to exercise reasonable care while participating in the CERT Program.

I understand that I can be administratively removed from the Program at any time. Additionally, I authorize the use of my image, photographed in connection with my participation in the Program, without prior approval or compensation. I understand that my submission of this application, whether mailed, or sent electronically via email, or faxed, will have the same force and effect as an original. Further, I understand that a background check will be required for all applicants, and my acceptance into the Program is subject to clearance of the background check.

I authorize the City of Twinsburg to require a background check, including a check of criminal records, and other information regarding me, that may be of a confidential nature. I understand that the background check results do not have to be disclosed to me. By executing this release, I certify that I have read this release in its entirety, understand all of its terms, and have had any questions regarding the release satisfactorily answered. I sign this release freely and voluntarily.

Signature: _____ Date: _____



Volunteer Release of Coverage

I, _____, acknowledge that as a CERT volunteer for the City of Twinsburg, I am not provided workers' compensation benefits or employee health insurance benefits through the City of Twinsburg or the Twinsburg Fire Department. As a CERT volunteer, I am not provided insurance that could otherwise be expected to compensate me or reimburse me for injuries and related medical expenses, property damage and other losses incurred as a result of participating as a CERT volunteer, including but not limited to the above mentioned that might occur in the workplace or in motor vehicle accidents while performing services or duties as a CERT volunteer.

Signature of Volunteer

Date