



Butler County Emergency Management Agency CERT Training Application

When finished filling out application, mail to:

Butler County Emergency Management Agency
315 High Street, Suite 670
Hamilton, Ohio 45011
Phone: (513) 785-5810
Fax: (513) 785-5811

BUTLER COUNTY COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM

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|--|--|--------------------------------|--|--------------------------------|------------------------------------|
| Last Name: | | First Name: | | MI: | |
| Home Address: | | City: | State: | Zip: | |
| Home Phone: | | | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| Age: 14-17 <input type="checkbox"/> Name and Phone of parent/guardian: | | | | | |
| 18-24 <input type="checkbox"/> | | 25-54 <input type="checkbox"/> | 55-59 <input type="checkbox"/> | 60-65 <input type="checkbox"/> | 66 & over <input type="checkbox"/> |
| Company/Agency Representing: | | | | | |
| Company/Agency Address: | | City: | State: | Zip: | |
| Department: | | Job Title: | | Phone #: | |
| | | | | Fax #: | |
| Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Please explain any disaster related training or experience you have: | | | | | |
| Are you a licensed amateur radio operator? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Call sign: | | Class: | | | |
| Are you a licensed: Medical Dr. <input type="checkbox"/> DVM <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> Paramedic <input type="checkbox"/> EMT <input type="checkbox"/> | | | | | |
| Are you physically fit to participate in this program? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| How would you like to be notified about class information? | | | | | |
| Mail <input type="checkbox"/> Company/Agency Mailing address if different than above: | | | | | |
| Email <input type="checkbox"/> Email Address: | | | | | |
| How did you hear about CERT? | | | | | |
| TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Fire Department <input type="checkbox"/> EMA <input type="checkbox"/> | | | | | |
| Website: Which one? <input type="checkbox"/> _____ | | | | | |
| Other (specify) <input type="checkbox"/> _____ | | | | | |
| Please list the course dates for which you are applying: | | | | | |
| Office Use Only | | | | Course ID _____ | |
| Project Name: _____ | | Course Dates: _____ | | thru _____ | |
| Make up dates: Day one: _____ | | Day Two: _____ | | | |
| ID <input type="checkbox"/> Certificate: <input type="checkbox"/> Red Cross: <input type="checkbox"/> Supply: <input type="checkbox"/> State Form: <input type="checkbox"/> | | | | | |

**BUTLER COUNTY
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM
HOLD HARMLESS/PERMISSION REQUEST**

I, _____, hereby request permission to participate in the _____ Community Emergency Response Team (CERT) program. I understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage. Further, I have read and understand the program outline that describes all class sections and the associate activities.

I agree to hold The American Red Cross, The Butler County Emergency Management Agency, Hamilton Fire Department, and their agents and personnel, harmless from any and all claims, actions, suits, and/or injury that I may suffer and which may arise as a result of my participation in the above mentioned class.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT program. I understand that if I fail to follow the instructor's rules and regulations or if I fail to exercise reasonable care, I can be administratively remove from the program.

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 or its effect satisfactory answered. I sign this release freely and voluntarily.

Signature

Date

Emergency Contact Name

Emergency Contact Number

Comments: _____

Instructor Signature

Date