

Cherokee County EMA
Community Emergency Response Team



APPLICATION
FOR
ENROLLMENT

Applicant's Name

Address

City, State, and Zip Code

Date of Application

Cherokee County EMA Community Emergency Response Team

How to apply:

1. On the cover sheet give your name and full address.
2. Fill out the application in this packet in its entirety.
3. Please print all requested information.
4. Please write as legibly as possible, as we will use this information to contact you in the event of a change in location or time of a class.
5. Complete the Criminal History Consent Form.

IMPORTANT:

True and complete responses to this application is a necessity.

A copy of your driver's license is required to verify information for your background check.

This information will be subject to confirmation by an administrative investigation.

If you do not wish to answer a question in this booklet, you may choose not to do so, and the application will be terminated.

All information which is recorded in this application will be used only in relation to determining the suitability and qualifications of the applicant for enrollment in the C.E.R.T program only, and no other purpose.

***Please Note:**

As a Cherokee County C.E.R.T. member you may be asked to performed light work in accordance with C.E.R.T. Basic Training and as a volunteer attached to a C.E.R.T. team. You may be asked to move objects to carry out a job duty. You may also be exposed to extreme weather conditions and stressful situations.

Please e-mail the completed application to cmbrown@cherokeecountyga.gov.

For additional questions contact Courtney Brown at 678-493-4057.

Thank you for your interest in the Cherokee County C.E.R.T. program.

Cherokee County EMA Community Emergency Response Team

APPLICATION

Name: _____ Date of Birth: _____
(FULL NAME)

Preferred Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Experience: (check all that apply)

CERT experience _____ Law enforcement experience _____

Community Volunteer _____ Military experience _____

Charities _____

Applicant Signature _____

Date _____

IMPORTANT: To be considered as a Cherokee County CERT volunteer, applicants must consent to a background check and have the following minimum qualifications: honorable discharge (if prior military), be a legal US resident, and have no adverse driving record nor felony, theft, or family violence convictions. In addition, you can have no marijuana usage within the last 12 months, no other illegal drug usage within the last 60 months. *Any other return on the background check requires approval by the Public Services Director or designee.



Cherokee County EMA
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PHOTOGRAPH AND VIDEO RELEASE



I hereby recognize and consent to grant the Cherokee County, its representatives, and employees, the right to capture and produce photographs featuring me and/or my property in connection with my participation in the Community Emergency Response Team. I authorize the Cherokee County Emergency Management Agency to exercise copyright privileges, employ, and circulate said photographs in print and/or electronically. I agree that the Cherokee County Emergency Management Agency may utilize such photographs of me with or without my name for any lawful purpose, including, but not limited to, the distribution of publicity, illustration, advertising, and internet content. This authorization shall continue in effect until I provide written notice of its revocation.

I have read and understand the above information:

Signature _____

Printed name _____

Date _____



Cherokee County EMA Community Emergency Response Team

ACKNOWLEDGEMENT OF VOLUNTEER SERVICES

The Cherokee County Board of Commissioners and its associated agencies (hereafter referred to as “the County”) may, on occasion, rely on the services of volunteers, including Community Service Workers, to aid in various activities and projects. This agreement serves to confirm that the individual signing below agrees to adhere to all relevant policies, both within and outside the County, related to their volunteer work. It is also understood that such services are being offered to the County without remuneration.

Volunteer services are ordinarily rendered for a specific program, period and may be terminated by either party at any time.

Volunteers are not considered employees of the County and are ineligible for compensation, insurance, retirement, worker’s compensation, unemployment compensation, or any other employment benefit.

Volunteer agrees to indemnify, defend, and hold harmless the County, its officers, boards, commissions, elected and appointed officials, employees, volunteers, and agents from and against all claims, demands, costs, expenses of whatever nature, including court costs, arbitration costs, and reasonable attorney’s, arising out of or resulting from any a claim arising out of assigned volunteer duties. In the case of injury while performing volunteer services, volunteer agrees to seek medical care through their own medical insurer.

Volunteers acknowledge the possibility of being exposed to sensitive information protected by state or federal law. I understand that such information must not be improperly disseminated either during or after volunteer work.

By signing this document, the volunteer acknowledges their comprehension of the lack of remuneration, benefits, or employment preference offered in exchange for their services. The volunteer willingly offers their services to the County and agrees to the terms outlined in this agreement.

Volunteer Signature	Name (print)	Date
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Manager/Supervisor	Name (print)	Date
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