



COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

Dear Applicant,

I would like to take this opportunity to thank you for your interest in the Community Emergency Response Team. The CERT Program is presented by Gulf Coast State College as part of its TEMPEST Program. I thank you for your willingness to give up your valuable time to participate in the program. I hope that the classes will be a rewarding and informative educational experience.

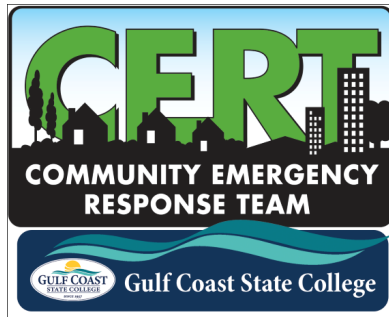
This program was designed to provide citizens with basic information about what to do in the first hours of an emergency. The ultimate objective is to establish and maintain an active CERT Program within our community through training and education.

After completion of this program, I hope you will use the information to help educate both your immediate family and friends within your neighborhoods and schools, concerning emergency preparedness. Your application for admission to the Community Emergency Response Team demonstrates your commitment to your community.

You will be contacted before the class begins and we will make every effort to keep you informed throughout the process. If due to unforeseen circumstances, you are unable to attend, please notify Gulf Coast State College as soon as possible (850-769-1551).

Again, thank you for your interest in the Gulf Coast State College Community Emergency Response Team program.

Program Coordinator



IMPORTANT INFORMATION

- 1. Please fill out the CERT application in its entirety.** The Application consists of three forms: Application for Enrollment, Waiver of Liability, and Likeness Waiver. All forms must be signed by the applicant or their parent/legal guardian. Completing and signing the Likeness Waiver is optional.
 - 2. Prospective candidates must be at least 13 years of age** at the time of registration and be a resident of the State of Florida.
 - 3. A local check will be conducted to determine the background of the participants. The Program Coordinator has final approval of all applicants and reserves the right to deny entry to any applicant.** Accepted applicants will be notified by email and/or phone.
 - 4. The CERT program is free of charge to all members;** however, class size is limited.
 - 6. Classes will be held at the main campus of Gulf Coast State College, located at 5230 West U.S. Highway 98, Panama City, Florida.**
 - Classes will be held in coordination with the schedule provided by Bay County Emergency Management on their Facebook page.
 - 8. Dress code for class is casual, but please wear comfortable clothes that can get dirty or damaged and closed-toe shoes.** Use common sense in your clothing attire (no short-shorts, halter or low-cut tops, midriff shirts, sandals, flip-flops, etc.)
 - You will need to wear your ID badge to each class so that you can be identified as a participant in the program.
 - Attendance to each session is critical to fully benefit from participation in the program. Please make every effort to attend each training session.
- If you will be unable to attend any of the sessions, please notify the TEMPEST Director:
- Phone: (850) 769-1551
- Bottled water will be provided at each session, and you are welcome to bring a light snack.

12. No individual will be allowed to attend a training session if they behave in a disruptive or disrespectful manner. Under these circumstances, the misbehaving individual will be asked to leave the class.

13. Please contact the TEMPEST Director at (850) 769-1551 for any additional information.

Students will receive more information the first day of class.



**APPLICATION FOR ENROLLMENT
Personal Information**

Name _____

Preferred Name/Nickname _____ Date of Birth ____ / ____ / ____

Address _____

(Please provide street address; P.O. Box not acceptable)

Provide at least one e-mail address we can use to send class information to you:

Family Email: _____ @ _____

Parent Email: _____ @ _____

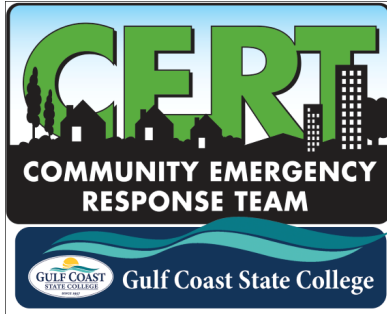
**Youth:
Where are you attending school?**

 Homeschooled

Do you speak a language other than English? YES NO

If YES, please specify: _____

Are you committed to attending all of the scheduled classes? Yes No



APPLICATION FOR ENROLLMENT

Medical Information

Allergies: Food _____

Medicine _____

Other (insect bites, grass, etc.) _____

Do you carry medicine for allergies? YES NO

If YES, please specify _____

Is there any physical (such as arm/back/leg injuries) or medical condition (such as asthma, high/low blood sugar, bleeding disorders, seizures, balance issues/vertigo, etc.) that limits your physical activity or that your CERT Instructors need to know in case you need medical assistance? YES NO

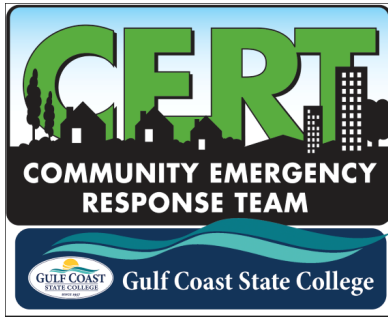
If YES, please specify _____

Do you carry medicine for this medical condition? YES NO

If YES, please specify _____

**** If you carry rescue medication, such as an inhaler or Epi-pen, please make sure it is readily accessible to you and inform a CERT Instructor you have such medication so we can assist you in the event you need to use it.****

Gulf Coast State College will make reasonable efforts to assure all persons have access to any programs and services. If a disability requires special needs accommodations, please contact Gulf Coast State College at (850) 769-1551.



APPLICATION FOR ENROLLMENT

Name (Please print) _____

Parent/Guardian Information and Relationship (for minors)

Parent/Guardian Name _____

Home Address _____

(Please provide street address, P.O. Box not acceptable)

Phone Numbers/Contact Information:

Home (_____) _____ Work (_____) _____

Cell (_____) _____ E-mail _____

Occupation _____ Employer _____

Alternate Contact Person (In Case of Emergency)

Name _____

Relationship _____

Phone Numbers:

Home (_____) _____ Work (_____) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. Gulf Coast State College is authorized to conduct any investigation of my personal history information that is deemed necessary for consideration to participate or continued participation in the Community Emergency Response Team Program.

Applicant Signature _____ Date _____



APPLICATION FOR ENROLLMENT

For Official Use Only

Date/Time Received _____ / _____

History Check Date/Time _____

Campus Approval _____

WAIVER OF LIABILITY

Whereas I, _____
Name of Participant

Home Address

(_____) _____
Home Phone

(_____) _____
Cell Phone

Have made a voluntary request on my own initiative to participate in the Community Emergency Response Team (CERT) with Gulf Coast State College, Panama City, Florida;

Now, therefore in consideration of Gulf Coast State College allowing me to participate in the CERT program and in consideration of Gulf Coast State College permitting me the use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge Gulf Coast State College, its employees, officers, commissioned staff, representatives, instructors, Board of Directors, Training Committee Members, affiliates, and agents, acting officially or otherwise (hereinafter referred to as GCSC) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of GCSC, or whether said harm or damage occurs through acts of a person not employed by GCSC.

I **ACKNOWLEDGE** that I understand that CERT training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage; and that I make the request to participate in the program with full



APPLICATION FOR ENROLLMENT

knowledge of these risks. I ASSUME THE RISK of all injuries that may occur because of my participation in the CERT program.

I **ACKNOWLEDGE** that my participation in the CERT program and any continued educational training is strictly voluntary and does not grant employment rights, employee benefits, or a vested/liberty interest as an employee with Gulf Coast State College.

I **ACKNOWLEDGE** that my participation in the CERT program, and any continued disaster educational training may cause me to view possibly graphic and/or hazardous emergency photographs or scenes.

WAIVER OF LIABILITY

Name (Please print) _____

I **ACKNOWLEDGE** and **AGREE** to exercise reasonable care while participating in any of the Community Emergency Response Training program. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to because of my participation with the Community Emergency Response Team.

I **AGREE** to abide by all instructions given to me by the Gulf Coast State College and/or Bay County Emergency Management personnel and other instructors and safety officers while participating in the Community Emergency Response Team and **I UNDERSTAND** if I fail to follow the instructor's rules/regulation, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in any Community Emergency Response Team operations, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by Bay County Emergency Management, Gulf Coast State College, or other entities. **I agree that I will not release ANY information, items obtained by me, or sensitive materials that I may become privy to in the course of my participation in the program.**

While participating in the Community Emergency Response Team, I agree to advise the program coordinator, immediately, of any interaction I may have with any law enforcement official involving a criminal investigation against me or my arrest.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Bay County Emergency Management and/or Gulf Coast State College from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Community Emergency Response Team program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

Signature of Applicant

Date

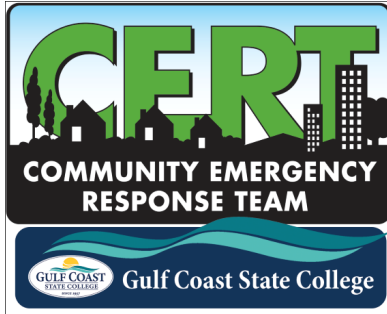
Signature of Parent/Legal Guardian (if applicable)

Date

Witness

Date

**THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.
THANK YOU FOR YOUR WILLINGNESS TO PARTICIPATE!
GULF COAST STATE COLLEGE**



APPLICATION FOR ENROLLMENT

LIKENESS WAIVER

Release and Waiver of Liability

I authorize Bay County Emergency Management and/or Gulf Coast State College to use my name and display my image/my child's image and likeness, on the Gulf Coast State College website or media publications, brochures, broadcasts, telecasts or newspaper articles with regard to CERT.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my or said minor child's likeness from any photos or video taken that specifically involve activities related to the Bay County Emergency Management and/or Gulf Coast State College Community Emergency Response Team.

I understand that the photos or video could be used to advertise and promote Bay County Emergency Management's and/or Gulf Coast State College's community relations activities.

Minor Child's Name (if applicable)

Participant or Parent/Legal Guardian Authorizing Signature Date

Participant or Parent/Legal Guardian Name (*please print*)

Witness Signature

Date

Witness Name (*please print*)