

**BUTTE COUNTY**  
**Community Emergency Response Team (CERT)**  
*Volunteer Disaster Service Worker Application*

<b>Name: Last, First, MI:</b>					
<b>ADDRESS:</b>		<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>
COUNTY:		HOME PHONE:		WORK PHONE:	
MOBILE PHONE:		E-MAIL:		DATE OF BIRTH: (optional)	
DRIVER LICENSE NUMBER:		DRIVER LICENSE CLASSIFICATION: A? B? C? OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT: Relationship:				EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
Previous CERT membership: Location:		Position:		Dates from _____ to _____	
Other AFFILIATIONS: NVDAG? BCSAR? BCSTARS? Other:					

**What you'd like us to know about you:**

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**SKILL SET:** \_\_\_\_\_  
**OCCUPATION:** \_\_\_\_\_

DISASTER SKILLS	ADMINISTRATIVE SKILLS	PEOPLE SKILLS	RADIO LICENSES
FIRST AID		SPANISH SPEAKING	GMRS call sign
MD	ACCOUNTING	HMONG SPEAKING	Amateur call sign
RN	PHONES		
NP	DATA ENTRY	COUNSELOR	
EMT	CLERICAL	ANIMAL CONTROL	
PA	COMPUTER	INTERVIEWING	
	LEGAL		

***HOLD HARMLESS/PERMISSION REQUEST***

*Applicant hereby requests permission to participate in the Butte County Community Emergency Response Team (CERT) program. I understand that participation in this program and associated 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.*

*I agree to hold Butte County, and Butte County CERT, their officers, 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 Butte County CERT program.*

*I agree to follow the rules established by the Butte County Sheriff, Butte County CERT program executive, managers, lead persons and instructors, and to exercise reasonable care while participating in the CERT program. I understand that if I fail to follow the Butte County CERT program and training rules and regulations or if I fail to exercise reasonable care, I can be administratively removed 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 satisfactorily answered. I sign this release freely and voluntarily.*

<b>Applicant Signature:</b>	<b>DATE:</b>