



OCEANSIDE CERT APPLICATION AND HOLD HARMLESS AGREEMENT

I, (NAME) _____ ,
am requesting to participate with the Oceanside Community Emergency
Response Team (CERT).

HOME EMAIL: _____

WORK EMAIL: _____

(Email is a means of communication with CERT participants; please provide an email address, if possible)

ADDRESS- HOME: _____ CITY: _____ ZIP: _____

PHONE #: () _____ CELL #: () _____

EMPLOYER- Name, Address: _____
(if applicable)

TITLE/OCCUPATION: _____ WORK PHONE #: () _____

REFERENCE- Name, Phone Number: _____
(excluding family members)

I, the individual named above, hereby request permission to participate in the Oceanside Community Emergency Response Team (CERT) Program and am 18 years of age, or older. I understand that response and 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 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 Oceanside, the Oceanside CERT, the San Diego Unified Disaster Council, 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 the Oceanside CERT and agree to follow the code of conduct, rules, and policies established by the City of Oceanside, the Oceanside 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 Oceanside to require a LiveScan 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: _____

Date of Birth: _____ California ID/DL Number: _____

Please return this form by mail or in person to:

Oceanside Fire Department CERT Program Manager, 300 North Coast Highway, Oceanside, CA 92054

Approved _____ Disapproved _____ By _____ Date _____