Tamarac CERT Program Application

Are you a previous CERT Member?   Yes   No

First Name: Email:

Last Name: Shirt Size:

Applicant Age: Applicant Cell Number:

                              Applicant Home Number:

Applicant Home Address:

Community Name:

Experience:

    EMS   Fire   LEO

    Physician   Nurse   Engineer

    Contractor   Other (please describe):

How much weight can you carry?

What distance can you walk?

Are you able to stand for a long period of time?   Yes   No

Have you ever been arrested?   Yes   No

Have you ever been convicted?   Yes   No

Applicant Signature: _____

Today's Date: _____

OFFICE USE ONLY

TAMARAC FIRE RESCUE
COMMUNITY EMERGENCY RESPONSE TEAM TRAINING
Updated
HOLD HARMLESS/PERMISSION REQUEST

I, _____, hereby request permission to participate in the Tamarac Regional 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 associated activities.

I agree to hold, the City of Tamarac Fire Rescue, 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 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 satisfactory answered. I sign this release freely and voluntarily.

_____   _____
Signature   *Date*

_____   _____
Emergency Contact Name   *Emergency Contact Number*

_____   _____

SSCI

City of Tamarac Fire Department - #7066

National Background Screening Consent/Release Form

Applicant's **Legal** Name (printed)

_____

Social Security Number _____ Date of Birth _____

Applicant's Address

_____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____

TAMARAC
The City For Your Life

CodeRED Residential & Business Data Collection

Emergency Communications Network

Please take a moment to fill in the appropriate information below to be notified by your local emergency response team in the event of emergency situations or critical community alerts. Examples include: evacuation notices, bio-terrorism alerts, boil water notices, and missing child reports. CodeRED registration is also available online at www.tamarac.org.

After completion of this form, please fold & place in box or send to:

Attn: CodeRED Coordinator
6000 Hiatus Rd.
Tamarac, Florida 33321

*YOU MUST RESIDE IN TAMARAC IN ORDER TO RECEIVE CODERED SERVICES

Your information will remain private & will only be made available to notify you of critical situations.

*Required fields

*First Name or Name of Company   *Last Name

_____   _____

*Address (Physical only, no P.O. boxes)   Apartment, Suite, or Unit Number

_____   _____

*City   *State   *Zip

*Primary Phone   Alternate Phone
(____)_____   (____)_____
__Check for Primary Phone TDD/TTY Format   __Check for Alternate Phone TDD/TTY Format

*ALTERNATE PHONE NUMBER- Entering an alternate phone number will cause BOTH the primary & alternate phone numbers to be contacted in the event a call goes out for the address specified.

*TDD/TYY- Check TDD ONLY if you are hearing impaired & would like tone delivery of emergency messages – messages delivered to phone numbers marked TDD will ONLY be delivered in a TDD/TTY format.