



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

Law

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



CERT

Community Emergency Response Teams

**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, its elected and appointed officials and employees, 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



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: _____



CodeRED Residential & Business Data Collection

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/TTY-** 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.