



**Fort Bend County Office of Emergency Management
Community Emergency Response Team (CERT)**

VOLUNTEER ENROLLMENT FORM

Date: _____

Class: _____

Last Name

First Name

Middle Initial

Address

City

State Zip

Code

(_____) _____
Home Phone

(_____) _____
Work Phone

(_____) _____
Cell Phone

Email Address: _____

Alternate Email: _____

Do you speak a language other than English? Yes _____ No _____

If yes, what language:

Speak

Read

Write

If you require an accommodation for a disability so that you may participate in this program you are encouraged to contact Kaila Williams, Fort Bend County Planning Coordinator, 281-238- 3428 Kaila.Williams@fortbendcountytexas.gov

EMERGENCY INFORMATION

In case of emergency, person to contact should be:

Name					Relationship
Address	City	State	Zip Code	Phone	

BACKGROUND INFORMATION

Date of Birth _____ / _____ / _____ Last 4 Digits of Social Security # XXX-XX-_____

Driver's License/I.D.# _____ Class _____ State Issued _____ Expiration Date _____

Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No _____

Are you currently awaiting trial, on probation or parole? Yes _____ No _____

Name of current or most current Employer _____

Address	City	State	Zip
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Supervisor's Name _____ Supervisor's Phone _____

Dates: From _____ To _____ Reason for Leaving _____

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that background checks may be performed at any time and that false, misleading, or incomplete information shall be cause for disqualification.

Volunteer Signature	Date
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Please Return to:

Fort Bend County Office of Emergency Management
Kaila Williams; Planning Coordinator
307 Fort Street
Richmond, TX 77469
(281) 342-6185 Office

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, understand that the following agreements are a prerequisite to my participation in the **Community Emergency Response Team ("CERT")** Program sponsored by the **Fort Bend County ("FBC")** and, further, I understand that these agreements are made in consideration of FBC allowing me to participate in the CERT program.

My participation in the CERT program is voluntary. I understand FBC is under no obligation to use my services in the CERT program and may terminate my participation at any time, with or without cause, without notice to me. I further understand that I will receive no compensation, wages, insurance coverage, or any other employment benefit for my participation in the CERT program. While participating in the CERT program, I will follow any rules or requirements set forth by FBC. I understand that FBC has sole discretion to direct my activities and may change those assigned activities without notice to me.

CONFIDENTIALITY STATEMENT. I hereby acknowledge my responsibility and agreement under applicable Federal and Texas law and this document, to keep confidential any information regarding health information of any person, living or dead, obtained by or revealed to me in any manner while participating in the CERT program, except as required by law or authorized by FBC.

INDEMNITY AND RELEASE: *I AGREE TO INDEMNIFY AND HOLD THE HARRIS COUNTY CITIZEN CORPS AND FORT BEND COUNTY, HARRIS COUNTY, THE CITY OF HOUSTON, EACH AND EVERY MUNICIPALITY AND GOVERNMENTAL UNIT WITHIN FORT BEND COUNTY AND HARRIS COUNTY, AND THEIR OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM ALL CLAIMS OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, GROSS NEGLIGENCE, AND/OR WILLFUL AND MALICIOUS CONDUCT ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM. I ALSO RELEASE AND HOLD FORT BEND COUNTY AND HCCC AND HARRIS COUNTY, THE CITY OF HOUSTON, EACH AND EVERY MUNICIPALITY AND GOVERNMENTAL UNIT WITHIN FORT BEND COUNTY AND HARRIS COUNTY, AND THEIR OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM ALL CLAIMS OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE AND/OR GROSS NEGLIGENCE, WHETHER OR NOT SUCH NEGLIGENCE IS CAUSED BY AN OFFICER, EMPLOYEE, OR VOLUNTEER IN THE CERT PROGRAM, OR HCCC, OR FORT BEND COUNTY OR HARRIS COUNTY, OR THE CITY OF HOUSTON, OR ANY MUNICIPALITY OR GOVERNMENTAL UNIT WITHIN FORT BEND COUNTY, HARRIS COUNTY, RESULTING IN ANY INJURY TO MYSELF OR MY PROPERTY BECAUSE OF MY PARTICIPATION IN THE CERT PROGRAM. THIS INDEMNITY AND RELEASE IS BINDING ON ME, MY FAMILY, ESTATE, HEIRS, AND ASSIGNS.*

Signature of Participant

Name Printed

Date signed

Address

Licensed as: _____

License # _____

The State of Texas §

County of Fort Bend County §

This instrument was acknowledged before me on _____ by _____.

NOTARY PUBLIC in and for the State of Texas
My commission expires: _____



FORT BEND COUNTY VOLUNTEER IDENTIFICATION BADGE FORM

The Volunteer I.D. Badge does not grant access to any controlled or secured areas in Fort Bend County. The identification badge must be returned to the Fort Bend County Office of Emergency Management upon termination of volunteer service. Complete sections A and B. A photo is required for the production of the volunteer badge. A representative of the Office of Emergency Management must take the photo. The volunteer must complete this form prior to issuance of the badge. Please make an appointment with the Office of Emergency Management to get your picture taken by calling 281-342-8165.

A. Volunteer's Name:

Last Name	First Name	Middle Initial

Address:

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B. I authorize the above named individual to receive a Fort Bend County Volunteer Identification Badge. I understand that the I.D. badge does not grant access to controlled or secured areas in Fort Bend County. The badge must be returned to the Office of Emergency Management upon termination of the volunteer service of the above named individual.

Department Head or Volunteer Program Managers Signature: _____

TO BE COMPLETED BY VOLUNTEER UPON RECEIPT OF BADGE:

C. By signing below I acknowledge receipt of a Fort Bend County Volunteer Identification Badge (ID Badge). In addition I understand that I will be charged \$5.00 for a replacement Volunteer ID Badge if my badge is lost or stolen. I also understand that this badge is the property of Fort Bend County and, upon my termination of volunteer service or by request of an officer of Fort Bend County; I must return my volunteer identification badge (ID Badge) to the Office of Emergency Management.

Volunteer Signature: _____ Date: _____

RETURN SIGNED FORM TO FBC OFFICE OF EMERGENCY MANAGEMENT

Organization Badge to be Issue: EMROG CST CERT

Picture # _____

Date Picture Taken: _____

Date Badge Issued: _____