

Box Elder County CERT Student Sign Up Form

First Name				
Last Name				
Middle Name				
Preferred Name				
Prefix				
Suffix				
Date of Birth		Month	Day	Year
Street Address				
Mailing Address				
City				
Zip				
Program				
List any current assignments				
Home Phone		() -		
Cell Phone		() -		Texting ok? Yes No
Email Address				
List any previous training that would be helpful to CERT:				
List any certifications or licenses that would be helpful in CERT:				

Volunteer Skills Survey

PLEASE INDICATE ANY OF THE FOLLOWING SKILLS THAT YOU POSSESS BY WRITING THE APPROPRIATE SKILL LEVEL NUMBER

(1) Some Experience

(2) Competent

(3) Above Average

_____ First Aid (current card yes/no)		_____ CPR (current yes/no)
_____ Triage		_____ Firefighting
_____ AED Trained		_____ Recreational Leader
_____ Running/Jogging		_____ Search & Rescue
_____ Emergency Management		_____ Emergency Planning
_____ Structural Engineering		_____ Law Enforcement
_____ Survival Training & Techniques		_____ Mechanical Ability
_____ CB Radio		_____ Ham Radio Operator
_____ Waste Disposal		_____ Shelter Management
_____ Bus/Truck Driver		_____ Camping
_____ Food Preparation		_____ Journalism
_____ HazMat Responder (Certified Yes/No) (Current yes/no) Level () Awareness () Operations () Technician		
_____ Construction (electrical, plumbing, carpentry, etc.) _____		
_____ Paramedic (current yes/no) Completion Date _____		
_____ EMT (current yes/no) Level & Completion Date _____		
_____ CERT Trained (Completion Date) _____		
_____ Bi/Multi-lingual (what language (s) _____		
_____ Typing Skills (words per minute) _____		
_____ Computer Skills (programs, languages) _____		
_____ Web Design (programs, languages) _____		
_____ Other _____		
_____ Other _____		

PLEASE LIST EQUIPMENT AND MATERIALS YOU WOULD HAVE ACCESS TO THAT COULD BE USED IN AN EMERGENCY.

COMMENTS _____

Thanks for your help.

Box Elder County CERT

Confidentiality Statement

As a volunteer you may receive personal information from files, case records, assignments, conversations, etc. that is regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is essential for you to keep information confidential and personal information should only be discussed with those who have a need to know in order to care for the needs of an individual.

By signing this confidentiality statement, I indicate that I understand the privacy and confidentiality of team members, victims and others, at **all** times and that I understand my responsibility to know and abide by HIPAA regulations. I agree that such information is not to be discussed or revealed to anyone not authorized to have the information.

Informed Consent/Hold Harmless

- It is understood that there lies a risk of injury from hands-on participation. We agree that any medical bills are the responsibility of the CERT participant.
- We agree to hold Box Elder County, and any other affiliate agency or volunteers involved in this CERT training program harmless from all claims that might come from participation in the program.

Publicity

Photographs, or video tape recordings of participants involved in the Box Elder CERT Training Program may be used by staff for publications or advertising materials. In addition, local news organizations may hear of our activities and we would like to extend our invitation to photograph or record our activities. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

Printed Name

Street Address

City

Zip

State

Signature of Participant

Date _____