



White Lake Township
Community Emergency
Response Team



White Lake Township CERT
Training Schedule
Fall, 2019

All CERT members are required to complete a series of “core” training classes. The training program consists of 7 classes, which will be held weekly beginning Wednesday, Oct. 2, 2019.

Each class will begin at 6 PM and conclude at approximately 8 - 10 PM.

Classes will be held at (the): Dublin Senior Center at 685 Union Lake Rd. White Lake, MI 48386.

The session topics will include:

Date	Topic	Instructor
Wednesday, Oct. 2, 2019	Intro to CERT	Sgt. Jeff Way
Wednesday, Oct. 16, 2019	Disaster Fire Suppression	Fire
Wednesday, Oct. 23, 2019	Medical OPS Part 1	Fire
Wednesday, Oct. 30, 2019	Medical OPS Part 2	Fire
<i>Thursday, Nov. 7, 2019</i> (6-10 PM)	Disaster Preparedness Disaster Psychology	Sgt. Jeff Way Guest Instructor
Wednesday, Nov. 20, 2019	Light Search and Rescue	Sgt. Jeff Way
Wednesday, Dec. 4, 2019	CERT Organization	Sgt. Jeff Way/ Guest Instructor
Wednesday, Dec. 11, 2019 (6-10 PM)	Final Exam and Practical Graduation	All Instructors Fire

*All classes will begin at 1800 hrs. (6:00 PM)



White Lake Township
Community Emergency



Volunteer Emergency Medical Information Sheet

Name _____ Date of Birth _____

Address _____

City _____ Zip _____

Phone Number _____ Other Phone Number _____

In case of emergency, notify _____

Relation to Volunteer _____

Phone Number _____ Other Phone Number _____

Physician Name and Phone Number _____

Health Care Provider _____ Policy Number _____

The information below is designed to provide you with proper medical care in the event of an emergency and is **VOLUNTARY**- completion of the below is **OPTIONAL**:

Allergies/sensitivities: _____

Medical conditions the Township should be aware of: _____

Medications: _____

The information I have provided above is accurate. I understand and acknowledge that this information will be made available to any employee who will assist me in the event of an emergency.

Volunteer's Signature

Date

Parent/Guardian of Volunteer (if minor)

Date





White Lake Township
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Waiver and Release of Liability Agreement
For White Lake Township, Michigan
Community Emergency Response Team (CERT) Program

The undersigned, in consideration for acceptance, approval and participation in White Lake’s Community Emergency Response Team (CERT) program, does hereby agree to this consent, waiver, and release of liability.

Acknowledgement and Assumption of Risk

I recognize that the Community Emergency Response Team (CERT) Program will involve physical activity and labor and may carry a risk of personal injury. I further recognize that there are natural disasters and man-made hazards, environmental conditions, diseases and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks, which may be associated with or may result from my participation in the CERT program. I am not aware of any physical or medical condition that would interfere with my ability to participate in the CERT program.

Waiver and Release of Liability

I agree to waive, release and discharge White Lake, White Lake’s departments, officers, employee, agents, sponsors, representatives, affiliates, directors, governors, volunteers, and employees (hereinafter referred to collectively as “Parties Released”), from any and all liability, claims, demands, actions, and causes of actions, whatsoever, for any personal injury, death or property damage arising out of my participation in the Program.

Consent

I, the undersigned participant, am freely signing this agreement. I have read this agreement and fully understand that by signing it I am giving up legal rights and/or remedies, which may otherwise be available to me regarding any losses I may sustain as a result of my participation in the CERT program. I agree that if any portion of this agreement is invalid, the remainder will continue in full legal force and effect.

Printed Name of Participant

Signature of Participant

Date

I further acknowledge that I may be photographed or filmed during the course of the CERT program. I grant full permission to White Lake and its agents and affiliates to use my name, photographs or any other record of participation in the Program in any broadcast, telecast, or other account of the Program for publicity purposes, without compensation, by placing initials here, _____.



**Additional Information for
Authorization for Criminal Background Investigation**

***Previous Address(es)- within past twelve months:**

Address _____ City _____ Zip _____

Dates Residing At That Address _____

Address _____ City _____ Zip _____

Dates Residing At That Address _____

Address _____ City _____ Zip _____

Dates Residing At That Address _____

***Convictions (by plea of guilty, no contest or trial):**

Court where conviction occurred	Date of conviction	Offense	Police Department or Law Enforcement Agency

List all convictions whether they have been expunged, purged, dismissed or otherwise resolved after a conviction.

*Use the space below or a blank sheet if extra space is needed.



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Application for Volunteer Participation

Complete and return to:

White Lake Township Police Department
Sgt. Jeff Way
7525 Highland Rd.
White Lake, MI 48383

CERT Training Program *(evening classes)*

Note: Completed application must be received by 9-20-19 to participate in the Fall 2019 session program.

or Fax to (248)698-3351 or email to jway@whitelakepolice.com *(be sure to fax both sides)*

Name _____
Last / Family Middle Initial First / Given

Street Address _____
Apt. No.

City _____ State _____ Zip _____

Telephone Home _____ Work _____ ext. _____

E-mail (required) _____ Fax _____

Drivers License No. _____ State _____ Date of Birth _____

Now Employed? Yes No *Company Name & City* _____
 Retired

Your Profession / Job Title _____

Emergency Contact _____
Name (First & Last) Relationship

_____ ext. _____
Emergency Contact Phone Number - Daytime Emergency Contact Phone Number - Evening

Do you have any professional or prior volunteer experience in any of the following areas? *(if so, describe briefly – cont. on pg.2)*

Administration / Business _____

Construction / Building _____

Fire Service _____

- Law Enforcement _____
- Legal / Paralegal _____
- Marketing / Public Relations _____
- Medical / Emergency Medical _____
- Military _____
- Psychology / Counseling _____
- Other (*describe briefly*) _____

Do you have other training or expertise you could utilize as a CERT team member? (*if so, describe briefly*)

What type(s) of work would you be interested in performing as a CERT team member? (*describe briefly*)

Do you have any health problems, disabilities or other circumstances that would prohibit you from fully performing the physical responsibilities of a CERT member? (*if so, describe briefly*)

Typically, what day(s) of the week would you be most likely available to serve?

- Any day of the week Typically weekdays (Mon – Fri) Typically weekends (Sat – Sun)

On these days, I am typically available:

- Anytime Daytime Hours Nighttime Hours

Have you ever been arrested for a misdemeanor or felony? If so, please describe. *Note: A conviction of any offense will not necessarily eliminate you from consideration as a CERT member.*

I agree and understand that any work I perform as a CERT member is provided on a voluntary basis, and that I do not expect payment or other compensation for performing any work. I also understand that a volunteer position does not constitute an employee-employer relationship with White Lake Twp., and that I serve at the discretion of the Supervisor or his/her Designee. If I am currently a White Lake Twp. employee, I know that any volunteer work to be performed is outside of my regular job classification, and is separate from any paid work responsibility/compensation. I understand that if I am between the ages of 16 and 18, I will be accompanied at all times by a parent or legal guardian who is also registered in the program.

I authorize investigation of all statements contained in this application and any supporting documents. I understand that a background check may be conducted, and release all parties from any liability arising from such investigation.

Signature of Applicant _____ Date _____