

**Lehigh Acres Fire and Rescue**  
**636 Thomas Sherwin Ave. S.**  
**Lehigh Acres, FL 33974**  
239-303-5300

**COMMUNITY EMERGENCY RESPONSE TEAM TRAINING  
COURSE APPLICATION**

**By completing this application in its entirety, you will help the instruction team understand the general profile of the class they are teaching. Do not answer any question that you are not comfortable completing.**

**Submitting an application does not guarantee admittance to the next scheduled class, but it assure that your interest is recorded (and you would be notified of the next class in your area).**

Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
First M.I. Last

Street Address: \_\_\_\_\_

Neighborhood/Zip Code: \_\_\_\_\_

Mailing Address (if different for above) \_\_\_\_\_

What is your occupation? \_\_\_\_\_

If you belong to a Homeowners Association give name of Association. \_\_\_\_\_

COMMUNITY EMERGENCY  
RESPONSE TEAM

I understand that by completing this course I will learn certain skills that are intended to help me render assistance to others only when I deem it safe and necessary for me to do so. I am under no obligation, by virtue of having received this training, to render aid or become involved in any activities that would make me feel uncomfortable or have the potential to cause me physical or emotional injury.

I recognize the fact that I will receive a "Certificate of Completion" only upon attending all seven modules of the course. I understand that the course is free to me, and that if I want a CERT rescue kit I am responsible to purchase the kit myself.

I hereby acknowledge receipt of Attachment "A" entitled "Legal Status of C.E.R.T. Participants", and have executed the "Release, Hold Harmless and Indemnification Agreement".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**If you own or work within the Fire District please give the name and address:**

\_\_\_\_\_

**Your home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Cellular phone** \_\_\_\_\_ **Pager** \_\_\_\_\_

**Do you own or have access to a (circle one) Computer, Computer w/fax modem, fax machine**

**If you have fax capability, what is your fax number?**

**At home:** \_\_\_\_\_ **At Work:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Do you access to the internet? yes** \_\_\_ **no** \_\_\_

**If yes what is your E-Mail Address:** \_\_\_\_\_@\_\_\_\_\_. \_\_\_\_\_.

**Date of Birth** \_\_\_\_\_ **(optional)**

**Do you have any physical or medical conditions that might affect your participation in some of the exercises used in this course? (e.g., Back problems, heart condition, please explain)**

\_\_\_\_\_

(Answering the above question by no means disqualifies you from participating in this program, but it does allow the instructors to consider limitations you may have in performing certain task. All information will be kept confidential).

**How long have you lived in Florida?** \_\_\_\_\_

**Have you ever experienced a hurricane?** \_\_\_\_\_

**Do you feel that you understand the nature of a hurricane?** \_\_\_\_\_

**Do you feel a hurricane could do major damage here?** \_\_\_\_\_

**If no, why not?** \_\_\_\_\_

**Do you consider yourself a leader?**

No \_\_\_\_\_ Somewhat \_\_\_\_\_ Generally \_\_\_\_\_ Almost Always \_\_\_\_\_.

**Have you ever.....**

**been in the military ? \_\_\_\_\_.**

**taken an extended camping trip ? \_\_\_\_\_.**

**Have you received training in (circle all that apply)**

First aid                      CPR   EMT   LPN   RN   Other  
Medical \_\_\_\_\_

Incident Command    Team Building            Organization    Psychological First Aid

Fire Suppression                      Law Enforcement                      Hazardous Materials  
Communication

Search & Rescue Techniques    Disaster Preparedness    Weather Emergencies

Wilderness Survival    Damage Assessment    Documentation/Recordkeeping

**The cost of the course is free. This includes all materials you will need to complete the training, but does not cover the cost of any additional equipment you may wish to have on hand in the event of a hurricane or major emergency.**

**COMMUNITY EMERGENCY  
RESPONSE TEAM**

## ATTACHMENT "A"

# LEGAL STATUS OF CERT PARTICIPANTS

During the CERT training itself and thereafter (when on a self-initiated basis, putting the training into practice during an emergency), participants are deemed to be "volunteers" and not employees or agents of Tice Fire and Rescue District.

As such, volunteers are not entitled to any of the privileges, immunities, or insurance coverage afforded employees of Tice Fire and Rescue District. That is to say, volunteers are not covered by or under the district's Workers' Compensation, Unemployment Compensation, liability coverage, or hospital/medical plans.

Volunteers, however, have certain immunity from civil liability under the Florida Good Samaritan Act (F.S. 768.1355) if they are acting within the scope of official duties during such volunteer services.

