

Application For
City of Plantation



Community Emergency Response Team Volunteer

(This section must be completed by the Volunteer. Please print.)

Name: _____
(Last) (First) (Middle)

Address: _____
(Street & Apt. #)

(City, State, Zip)

Date of Birth: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Full Social Security #: _____ * (Needed for background check)

IN CASE OF EMERGENCY OR ACCIDENT, PLEASE NOTIFY:

Name: _____
(Last) (First) (Middle)

Address: _____
(Street & Apt. #)

(City, State, Zip)

Home Phone: _____ Cell Phone: _____

Relationship: _____

What is CERT?

The Community Emergency Response Team (CERT) program educates volunteers about disaster preparedness, hazards that may impact our area, and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. CERT offers a consistent, nationwide approach to volunteer training and organization that professional responders can rely on during disaster situations, allowing them to focus on more complex tasks.

The Plantation CERT may be called upon by any City Department to assist in activities within the scope of their training. Such activities may occur during times of disaster, emergency response, or planned civic events.

PLEASE READ AND INITIAL BELOW

By completing and submitting this application you are volunteering to serve as a member of the City of Plantation's Community Emergency Response Team (CERT). There is no expectation of pay or remuneration for duties performed as part of the organization.

CERT is a unit of the Plantation Fire Department engaged in specific emergency response and community service activities. While the Fire Department takes all necessary steps to ensure member health and safety, at times the work may be physically demanding, emotionally stressful, and present limited personal risk. As a CERT member you also have the right to refuse to participate in any activity which you feel may subject you to potential harm.

As a member of CERT I hereby acknowledge and fully accept those risks.

_____ Member Initials _____ Date

ALL VOLUNTEERS PLEASE READ AND SIGN

City of Plantation

Indemnification and Hold Harmless Agreement - Volunteers

This Indemnification and hold Harmless Agreement ("Agreement") is entered into this ____ day of _____, 2022 by and between the City of Plantation Florida, a Florida municipal corporation, and _____ (Name of Volunteer).

I hereby agree to indemnify, release, hold harmless, and waive any and all claims against the City of Plantation; its affiliates; elected or appointed officers or officials; attorneys; agents; contractors; employees, in their respective official and individual capacities; volunteers; and/or other participants (collectively referred to as "City") for any and all loss, damage, disability, or injury of any kind that I may suffer or sustain to person or property during my participation in the City of Plantation Volunteer Program.

I recognize and acknowledge there is always a possible risk of loss, damage, and/or physical injury and I agree to assume the full risk (including death) that may be sustained or associated with participation in the City of Plantation Volunteer Program.

I agree for myself, my spouse, my child or children, and on behalf of my/our heirs, successors in interest, legal representatives, beneficiaries, assigns, personal representatives and next of kin, that I hereby indemnify, release, and hold harmless City, as set forth above. With regard to indemnification, I specifically agree to indemnify and defend the City of Plantation from and against any and all loss, claims, or suits (including costs and attorneys' fees) for or on account of injury to or death of persons and damage to or destruction of property belonging to either the City of Plantation or others, occurring by reason of any act or neglect by myself while serving as a Volunteer for the City of Plantation.

I understand and agree that I am volunteering to serve the City of Plantation and agree that I shall not be entitled to any wage/stipend or other City employee benefits by virtue of this agreement.

THE UNDERSIGNED HAS READ THE FOREGOING INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTANDS IT.

If the Volunteer is a Minor, I am the Parent or Legal Guardian of the Volunteer and I am signing this Indemnification and Hold Harmless Agreement on behalf of the Minor Volunteer.

Date Signature of volunteer (or Parent/Guardian)

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing information was sworn to and subscribed before me this ____ day of _____, 202__ by _____, who is personally known to me or has produced _____ as identification and did take an oath.

Notary Public, State of Florida_____

My Commission Expires:_____ Commission No.:_____

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION
FOR VOLUNTEERS**

I am voluntarily providing the information below in case of a medical emergency that occurs while I am serving the City of Plantation in a voluntary capacity. I hereby give my consent for:

1. The administration of any necessary treatment by a licensed physician or dentist; and,
2. The transfer to _____ (preferred hospital) or any hospital reasonably accessible.

The following information may be released to the attending medical personnel, hospital, or licensed physician.

Volunteer's name: _____

Address: _____

Allergies: _____

Present medications: _____

Date of last Tetanus shot: _____

Physical impairments: _____

Pre-existing medical conditions: _____

Prior surgery/dates: _____

Physician's name and phone #: _____

Date

Signature of volunteer

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing information was sworn to and subscribed before me this ____ day of _____, 202__ by _____, who is personally known to me or has produced _____ as identification and did take an oath.

Notary Public, State of Florida

My Commission Expires:

Commission No. _____