

**Community
Emergency
Response
Team**

Volunteer Application



Please complete and return to:
Sacramento Fire Department CERT
c/o 53 Omaha Court
Sacramento, CA 95823
FAX: 916-323-7675

NAME _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____

PROFESSION _____

PHONE H _____ W _____ FAX _____

E-MAIL _____

EMERGENCY CONTACT NAME _____ PH _____

DRIVERS LICENSE _____ STATE _____ DATE OF BIRTH _____

Where did you hear about CERT and our volunteer opportunities?

Are you over 18 years of age? YES NO

If you have a disability, what accommodations would you need to do this volunteer position?

What in particular attracted you to CERT?

Are there any certain skills, training or knowledge you wish to utilize with CERT?

What training, resources or support do you anticipate needing to do this volunteer work?

Please provide two personal or professional references:

Name Phone Number Relationship

1. _____

2. _____

Have you ever been convicted of a crime? YES NO

You may omit: a) Traffic violations (Driving Under the Influence convictions must be reported); b) Any conviction committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law; c) Any incident sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45; d) Any marijuana conviction, more than two (2) years old, described in Labor Code section 432.8.

If yes, please explain and give disposition:

I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize the City of Sacramento and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation.

Signature of applicant: _____ Date: _____

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VOLUNTEER AGREEMENT
(Must be signed by volunteer and supervisor)

_____ I agree to conform with rules and regulations of the City of Sacramento. I understand that I will begin service on a reciprocal trial basis. I agree to participate in orientation and training. I understand that a law enforcement clearance may be obtained and that references may be contacted. I am authorizing the City of Sacramento to contact my references.

_____ I understand my volunteer schedule and realize the City is depending on my services. If, for a serious reason, I cannot keep my commitments I will notify my supervisor in advance.

_____ I agree and understand that any work I perform within the scope of this agreement will be provided on a voluntary basis, and that I do not expect payment or other compensation for performing such work. I also understand that a volunteer position does not constitute an employee-employer relationship with the City of Sacramento, and that I serve at the discretion of the City Manager or designee.

_____ If I am currently a City 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.

_____ I agree not to divulge any information regarding persons who are receiving services or other assistance from the City or otherwise involved in my volunteer services. I recognize that unauthorized release of confidential information may make me subject to a criminal action.

_____ I understand that I am fully responsible for maintaining my own personal records of time volunteered to the City for the purposes of internships, community service, etc, subject to my supervisor.s verification. At the end of my volunteer service I can have my supervisor sign a letter documenting hours donated, and I understand that the City will maintain no permanent record of this time. I understand that I will be required to sign in and out.

_____ I understand that I am covered under the City.s workers. compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately.

_____ I understand that the City has a zero-tolerance policy against any type of harassment or discrimination. I agree to comply with this policy, and recognize that I will also be protected by it.

_____ I understand that the City has a zero-tolerance policy against any type of violence, threat or intimidation, implied or actual, in the workplace. I agree to comply with this policy, and recognize that I will also be protected by it.

_____ I understand that the City has a zero-tolerance policy against any use of, or being under the influence of, illegal drugs or alcohol in the workplace. I agree to comply with this policy.

_____ I understand that the City is not responsible for loss or damage to personal belongings.

Volunteer signature

Date

Fire Dept Supervisor signature

Date

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CERT Program
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Sacramento , CA 95823

PARENTAL CONSENT FORM

**All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section
Consent of Parent or Legal Guardian for Minor.s Participation as a Volunteer**

I, _____, the parent or legal guardian
of _____ choose to permit _____ to
participate as a volunteer. I understand that my child's or ward's services are being
offered on a voluntary basis without anticipation of any financial remuneration. I agree
that he/she will abide by any rules and direction provided by those helping to administer
the volunteer program. I understand that my child is covered under the City's workers.
compensation insurance in the event of an injury from rendering a volunteer service.
He/She will report any injury or incident to his/her supervisor immediately.

Signature of Parent or Legal Guardian : _____
Date: _____

**CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR
HOSPITAL CARE OF MINOR VOLUNTEER:**

I, _____ the parent or legal guardian of
_____, a minor, who was born on _____, authorize
medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I
agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care
rendered to or for said minor.

Signature of Parent or Legal Guardian: _____
Date: _____

**Consent of Parent or Legal Guardian to Use of Image of Minor Volunteer in Public
Relations:** Photos, videos of _____, my child or ward,
may be used in City of Sacramento Public Relations.

Signature of Parent or Legal Guardian: _____
Date: _____