

PEACHTREE CITY POLICE DEPARTMENT



IMPORTANT INFORMATION

1. **Please fill out the CERT application in its entirety.** The Application consists of three forms: Application for Enrollment, Waiver of Liability, and Authorization for Release of Information/Consent Form.
2. **Class members must be at least 18 years of age** at the start of the program and a resident of the State of Georgia. There is no maximum age limit.
3. **All applicants will be subject to a criminal history check** as a precondition to acceptance into the program.
4. Return applications in person at the Police Department's front desk, or mail to:

Peachtree City Police Department
350 Highway 74 South
Peachtree City, Georgia 30269
(ATTN: Asst. Chief Stan Pye).
- Please keep these rules for your reference.
5. The Chief of Police has final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by mail and/or phone.
6. **The CERT program is free of charge to all members;** however, class size is limited.
7. Qualified applicants who are denied admission due to class size will be given first choice at the time the next class is scheduled.
8. **Classes will be held in the Police Department's training room, located at 350 Highway 74 South, Peachtree City, Georgia.**
9. Classes will be held on Thursday evenings from 6:30 to 9:00 P.M.
10. **Dress code for class is casual, but please wear comfortable clothes that can get dirty or damaged and closed-toe shoes.** Use common sense in your clothing attire (no shorts, halter or low-cut tops, sandals, etc.)
11. You will need to bring your issued CERT equipment bag and ID badge to each scheduled session (*these will be provided the first night of class*). You will need to wear your ID badge to each class so that you can be identified as a participant in the program. You will be entering different access-controlled areas and this will be required before entry will be granted.

12. Attendance to each session is critical to fully benefit from participation in the program. Please make every effort to attend each training session.

If you will be unable to attend any of the sessions, please notify Assistant Chief Stan Pye:

Phone: (770) 487-8866
E-mail: spye@pteachtree-city.org

13. For individuals who smoke, a designated smoking area will be available during the scheduled breaks.

14. Snacks and beverages will be provided at each session.

15. No individual will be allowed to attend a training session if they have consumed an alcoholic beverage before attending class. Under these circumstances, the individual will be removed from the class.

16. Firearms must be kept in your vehicle, securely locked. No firearms are allowed inside the Police Department building or parking lots.

17. Please contact the Peachtree City Police Department at 770-487-8866 for any additional information.

Students will receive more information at the first class session.

PEACHTREE CITY POLICE DEPARTMENT



APPLICATION FOR ENROLLMENT

Name _____

Preferred Name/Nickname _____ Date of Birth ____ / ____ / ____

Address _____

(Please provide street address, P.O. Box not acceptable)

Phone Numbers:

Home (____) _____ Work (____) _____

Cell (____) _____

E-mail Address: _____

Occupation _____ Employer _____

Are you committed to attending all of the scheduled classes? YES NO

Are you a legal resident of Georgia? YES NO

Please list any special skills/training: _____

Do you speak a language other than English? YES NO

If YES, please specify: _____

Have you ever been arrested for any offense, other than minor traffic offenses?

() YES () NO If YES, please explain _____

Date _____ Location _____

Shirt Size (men's) circle one: S M L XL XXL XXXL

APPLICATION FOR ENROLLMENT

NAME _____

Medical/Emergency Information

Allergies: Food _____
Medicine _____
Other _____

Do you carry medicine for allergies? YES NO

If YES, please specify _____

Is there any physical or medical condition (such as asthma) that limits your physical activity? YES NO

If YES, please specify _____

Do you carry medicine for this medical condition? YES NO

If YES, please specify _____

In case of an emergency, who should we contact?

Name _____ Relationship _____

Phone Number (____) _____

The Peachtree City Police Department will make reasonable efforts to assure all persons have access to any programs and services. If a disability requires special needs accommodations, please contact the Peachtree City Police Department at (770)-487-8866.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. The Peachtree City Police Department is authorized to conduct any investigation of my personal history information that is deemed necessary for consideration to participate or continued participation in the Community Emergency Response Team Program.

Signed _____ Date _____

For Official Use Only

Date/Time Received _____ / _____

Criminal History Check Date/Time _____ / _____

Chief of Police Approval _____

PEACHTREE CITY POLICE DEPARTMENT



WAIVER OF LIABILITY

Whereas, I (Please print your name) _____

ADDRESS _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

Have made a voluntary request on my own initiative to participate in the Community Emergency Response Team (CERT) with the Peachtree City Police Department, Peachtree City, Georgia;

Now, therefore in consideration of the City of Peachtree City allowing me to participate in the Community Emergency Response Team program and in consideration of the City of Peachtree City and the Peachtree City Police Department permitting me the use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge the City of Peachtree City and the Peachtree City Police Department, its employees, officers, commissioned staff, representatives, instructors, Board of Directors, Training Committee Members, affiliates, and agents, acting officially or otherwise (hereinafter referred to as Peachtree City) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of Peachtree City, or whether said harm or damage occurs through acts of a person not employed by Peachtree City.

I **ACKNOWLEDGE** that I understand that CERT training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage; and that I make the request to participate in the program with full knowledge of these risks. I **ASSUME THE RISK** of all injuries that may occur because of my participation in the CERT program.

I **ACKNOWLEDGE** that my participation in the CERT program and any continued educational training is strictly voluntary and does not grant employment rights, employee benefits, or a vested/liberty interest as an employee with the City of Peachtree City.

I **ACKNOWLEDGE** that my participation in the Community Emergency Response Team and any continued disaster educational training may cause me to view possibly graphic and/or hazardous emergency photographs or scenes.

I **ACKNOWLEDGE** and **AGREE** to exercise reasonable care while participating in any of the Community Emergency Response Training program. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents,

WAIVER OF LIABILITY

NAME (Please print) _____

injuries, or illnesses that I may incur or be exposed to because of my participation with the Community Emergency Response Team.

I **AGREE** to abide by all instructions given to me by the Peachtree City Police Department personnel and other instructors and safety officers while participating in the Community Emergency Response Team and **I UNDERSTAND** if I fail to follow the instructors' rules/regulations, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in any Community Emergency Response Team training, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the Peachtree City Police Department, the State of Georgia, or other entities. **I agree that I will not release ANY information, items obtained by me, or sensitive materials that I may become privy to in the course of my participation in the program.**

While participating in the Community Emergency Response Team, I agree to advise the program coordinator, immediately, of any interaction I may have with any law enforcement official involving a criminal investigation against me or my arrest.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Peachtree City from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Community Emergency Response Team program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY PEACHTREE CITY, GEORGIA FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

DATE

SIGNATURE

WITNESS

**THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM**

PEACHTREE CITY POLICE DEPARTMENT



AUTHORIZATION FOR RELEASE OF INFORMATION/CONSENT FORM

I hereby authorize the Peachtree City Police Department to obtain and/or receive a criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, in any other state, or in any other country.

The intent of this authorization is to give my consent for a full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied, transmitted, or otherwise reviewed:

Criminal History Record

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Peachtree City Police Department in determining my suitability to participate in the Community Emergency Response Team program.

I hereby waive and release any claims against any party, which I may have because of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and /or records.

I am furnishing my Social Security Number on a voluntary basis with the understanding that such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this application. Should there be any questions as to the validity of this release you may contact me as indicated below.

Full Name (Please print) _____

Drivers License number _____ State _____

Complete home address _____

Home phone (_____) _____ Work phone (_____) _____

Race _____ Sex M F Social Security Number _____

Date of Birth ____/____/____

Signature _____ Date ____/____/____

For Official Use Only

Information verified by _____

Verification Date ____/____/____