

## PEACHTREE CITY POLICE DEPARTMENT



### TEEN COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

Dear Applicant,

I would like to take this opportunity to thank you for your interest in the TEEN Community Emergency Response Team. The TEEN CERT Program is presented by the Peachtree City Police Department as part of its Community-Oriented Policing Services Program. I thank you for your willingness to give up your valuable time to participate in the program. I hope that the classes will be a rewarding and informative educational experience.

This program was designed to provide young adults with basic information about what to do in the first hours of an emergency. The ultimate objective is to establish and maintain an active TEEN CERT Program within our community through training and education.

After completion of this program, I hope you will use the information to help educate both your immediate family and fellow teens within your neighborhoods and schools, concerning emergency preparedness. Your application for admission to the TEEN Community Emergency Response Team demonstrates your commitment to your community.

You will be contacted before the class begins and we will make every effort to keep you informed throughout the process. If due to unforeseen circumstances, you are unable to attend, please notify the Police Department as soon as possible (770-487-8866).

Again, thank you for your interest in the Peachtree City Police Department's TEEN Community Emergency Response Team program.

*Janet Moon*  
Chief of Police

## PEACHTREE CITY POLICE DEPARTMENT



### IMPORTANT INFORMATION

1. **Please fill out the TEEN CERT application in its entirety.** The Application consists of three forms: Application for Enrollment, Waiver of Liability, and Likeness Waiver. All forms must be signed by the applicant's parent/legal guardian. Completing and signing the Likeness Waiver is optional.

2. **Prospective candidates must be between 13 and 17 years of age** at the time of registration and be a resident of the State of Georgia.

3. **A local check will be conducted to determine the background of the participants. 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.

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: Sgt. Courtney Lumpkin)

You may keep the cover letter and these rules for your reference.

5. **The TEEN CERT program is free of charge to all members;** however, class size is limited.

6. **Classes will be held in the Police Department's training room, located at 350 Highway 74 South, Peachtree City, Georgia.**

7. Classes will be held daily from 8:00 am to 12:30 pm. Students shall be dropped off no earlier than 7:40 am and picked up at 12:30 pm, sharp!

8. **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 short-shorts, halter or low-cut tops, midriff shirts, sandals/flip-flops, etc.)

9. 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 Sgt. Courtney Lumpkin:

Phone: (770) 487-8866  
E-mail: [clumpkin@peachtree-city.org](mailto:clumpkin@peachtree-city.org)

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

11. **No individual will be allowed to attend a training session if they behave in a disruptive or disrespectful manner. Under these circumstances, the misbehaving individual will be removed from the class.**

12. 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

Teen Information

Teen Name \_\_\_\_\_

Preferred Name/Nickname \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

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

**Provide at least one email address we can use to send class information to you:**

Family Email: \_\_\_\_\_@\_\_\_\_\_

Parent Email: \_\_\_\_\_@\_\_\_\_\_

Teen Email: \_\_\_\_\_@\_\_\_\_\_

**Where are you attending school?**

☐ \_\_\_\_\_

☐ Homeschooled

**Are you a member of HOSA-Future Health Professionals?** ☐ YES ☐ NO

If YES, please let us know if you:

☐ Have participate in a HOSA Competitive Event (Date \_\_\_\_\_)

☐ Plan to participate in an upcoming HOSA Competitive Event (Date \_\_\_\_\_)

**Do you speak a language other than English?** ☐ YES ☐ NO

If YES, please specify: \_\_\_\_\_

**Are you committed to attending all of the scheduled classes?** ☐ Yes ☐ No

**Please circle your t-shirt size:**

Adult sizes:    Small       Medium       Large       X-Large

## APPLICATION FOR ENROLLMENT

### Teen Medical Information

Allergies: Food \_\_\_\_\_  
Medicine \_\_\_\_\_  
Other \_\_\_\_\_

Do you carry medicine for allergies? ☐ YES ☐ NO

If YES, please specify \_\_\_\_\_

**Is there any physical (such as arm/back/leg injuries) or medical condition (such as asthma, high/low blood sugar, bleeding disorders, seizures, balance issues/vertigo, etc.) that limits your physical activity or that your CERT Instructors need to know in case you need medical assistance?** ☐ YES ☐ NO

If YES, please specify \_\_\_\_\_

**Do you carry medicine for this medical condition?** ☐ YES ☐ NO

If YES, please specify \_\_\_\_\_

*\*\*\* If you carry rescue medication, such as an inhaler or Epi-pen, please make sure it is readily accessible to you and inform a CERT Instructor you have such medication so we can assist you in the event you need to use it. \*\*\**

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.

## APPLICATION FOR ENROLLMENT

Teen Name (Please print) \_\_\_\_\_

### Parent/Guardian Information

Parent Name \_\_\_\_\_

☐ Mother   ☐ Father   ☐ Legal Guardian

Home Address \_\_\_\_\_

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

Parent Phone Numbers/Contact Information:

Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### Alternate Contact Person (In Case of Emergency)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Numbers:

Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

*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 TEEN Community Emergency Response Team Program.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

#### ***For Official Use Only***

Date/Time Received \_\_\_\_\_ / \_\_\_\_\_

History Check Date/Time \_\_\_\_\_

Chief of Police Approval \_\_\_\_\_

## PEACHTREE CITY POLICE DEPARTMENT



### WAIVER OF LIABILITY

Whereas I,

---

Name of Teen

---

Home Address

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone

Have made a voluntary request on my own initiative to participate in the TEEN Community Emergency Response Team 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 TEEN 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 TEEN 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 TEEN Community Emergency Response Team program.

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

## WAIVER OF LIABILITY

Teen Name (Please print) \_\_\_\_\_

I **ACKNOWLEDGE** and **AGREE** to exercise reasonable care while participating in any of the TEEN Community Emergency Response Training program. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to because of my participation with the TEEN 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 TEEN Community Emergency Response Team and I **UNDERSTAND** if I fail to follow the instructor's rules/regulation, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in any TEEN 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 TEEN 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 TEEN 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 TEEN COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.**

\_\_\_\_\_  
Signature of Teen Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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



## PEACHTREE CITY POLICE DEPARTMENT



### LIKENESS WAIVER

#### Release and Waiver of Liability

I am an adult (aged 18 or older) and the parent/legal guardian of a minor child.

I authorize the Peachtree City Police Department and City of Peachtree City to use my name and display my image and likeness, or the likeness of said minor child, on the Police Department's website or media/social media publications, brochures, broadcasts, telecasts or news paper articles.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my or said minor child's likeness from any photos or video taken that specifically involve activities related to the Peachtree City Police Department TEEN Community Emergency Response Team.

I understand that the photos or video could be used to advertise and/or promote the Police Department's community relations activities.

---

Minor Child's Name

---

Participant or Parent/Legal Guardian Authorizing Signature

---

Date

---

Participant or Parent/Legal Guardian Name (*please print*)

---

Witness Signature

---

Date

---

Witness Name (*please print*)