



Application for Volunteer Participation  
Town of Searsport Community Emergency  
Response Team (CERT)

***Complete and Return Form to:***

***Town of Searsport***

***PO Box 499 1 Union St.***

***Searsport, Maine. 04974***

***Phone 207-548-6372 Fax 207-548-2305***

***EMA Director Paul Biddle***

***Town Office Hours Mon.-Fri. 8:30 AM - 4:00 PM***

Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email:  
(required) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License

#: \_\_\_\_\_

Employed:  Yes  No  Retired

Your profession/Job Title:

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Emergency Contact: Name:

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Phone# Daytime: \_\_\_\_\_ Evenings:

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Do you have any professional or prior volunteer experience in any of the following areas? (Describe briefly)

Administration/Business:

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Construction/Building:

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Fire Service/Law Enforcement:

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Legal/Paralegal:

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Marketing/Public relations:

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Medical/Emergency Medical:

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Military:

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Psychology/Counseling: \_\_\_\_\_

Other: \_\_\_\_\_

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Do you have other training or expertise you could utilize as a CERT member? (Describe)

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What type(s) of work would you be interested in performing as a CERT member?

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Do you have any health problems, disabilities or other circumstances that would prohibit or limit you from fully performing the physical responsibilities of a CERT member?

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Typically, what day(s) of the week would you be most likely to serve?

Any day of the week  Weekdays (Mon-Fri)  Weekends (Sat-Sun)

On the above days, I am typically available:

Anytime  Daytime Hours  Night-time Hours

Have you ever been arrested for a misdemeanor or felony? If so describe.

**Note: A conviction of an offense will not necessarily eliminate you from consideration as a CERT member.**

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Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer Agreement

Town of Searsport Community Emergency Response Team (CERT)

I, \_\_\_\_\_, hereby request permission to participate in the Town of Searsport Emergency Response Team (CERT) program. I

understand that participating in both these training and actual incidents as required may involve active physical activity, which includes a potential risk of personal injury and/or personal property damage. I make this request with the full knowledge of the possibility of personal injury and/or personal property damage.

1. I agree to hold the Town of Searsport, their personnel, and their agents and all elected, appointed and volunteer employees harmless from any and all claims, actions, suits and / or injury that I may suffer, and which may arise as a result of my participation in the CERT program.

2. I attest that I am in good health and have no medical or physical limitations (other than those declared) or other circumstances that would prohibit me from executing the duties of a CERT member. If I do have limitations, I have disclosed these to the CERT Training Coordinator.

3. I agree to follow the program rules established by the instructors, and to exercise reasonable care while participating in the CERT program. I understand that if I fail to follow the instructor's rules and regulations, or if I fail to exercise reasonable care, I can be administratively removed from the program. In addition to the rules set forth by the CERT program, I also agree to conform to all rules and regulations of the Town of Searsport. I understand that I will begin service on a reciprocal trial basis.
4. I agree to participate in all required training. I understand that I will perform services and assistance only to the degree that has been covered through my training. I will not perform services or assistance beyond the extent of which I have received proper training.
5. I understand that a background investigation and driver's record review will be conducted, and that references may be requested and/or contacted. I will provide a list of references upon request by the Town and authorize the Town to contact any references provided. A successful background check/clearance is a prerequisite for program participation.
6. I understand my volunteer service represents an important commitment and realize the Town is depending on my services. If, for any reason I cannot keep this commitment, I will notify my CERT supervisor in advance as required by this program.
7. 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 nor will accept payment or any compensation for performing any work. I also understand that a volunteer position does not constitute any employee – employer relationship with the Town of Searsport, and that I serve at the discretion of the Public Safety Director.
8. If I am currently a Town 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/compensation.
9. I agree not to divulge any information regarding persons who are receiving services or other assistance from the Town or otherwise involved in my volunteer services. I recognize that unauthorized release of confidential information may subject me to legal action.
10. I understand that I am fully responsible for maintaining my own personal records of time volunteered to the Town for the purposes of internships, community service, certifications, etc., and is subject to my CERT supervisor's verification.

At the end of my volunteer service, I can request a letter documenting hour donated, and I understand that the Town will maintain no permanent record of this time.

11. I understand that I am covered under the Towns Workers' Compensation insurance in the event of an injury from rendering a volunteer service when acting within the scope of my official duties as a Searsport CERT member.

I agree to report any volunteer-related injury or incident to my CERT supervisor immediately.

12. I understand the Town has a zero-tolerance policy against any type of harassment or discrimination, and agree to comply with this policy.

13. I understand that the Town has a zero-tolerance policy against any type of violence, threat or intimidation, implied or actual, in the workplace, and agree to comply with this policy.

14. I understand that the Town has a zero-tolerance policy against any use of, or being under the influence of, illegal drugs or alcohol in the workplace and/or while performing my duties,

15. I understand that the Town is not responsible for loss or damage to personal belongings or personal vehicles.

16. I understand that if I am under the age of eighteen (18) years, my parent or legal guardian will also register and participate in this class, and will personally supervise my participation in all future CERT activities (until I reach the age of eighteen (18)).

17. I understand that I am responsible for the reasonable care and maintenance of any CERT related equipment issued to me by the Town to and ensure its proper working order. This includes, but is not limited to, regular replacement batteries in equipment. I understand that the issued equipment/gear is owned by the Town of Searsport, and will be returned to the town should my status as a CERT member terminate or upon the request of the Director of Public Safety.

I understand that I am responsible for replacement costs of the equipment/gear if I terminate and fail to return the issued equipment/gear. By executing this release,

I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I also certify that I have disclosed any and all known medical and physical limitations fully. I sign this release freely and voluntarily.

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Signature Date

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Printed Name

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Witness Date

**Disclosure and Authorization for Background Investigation**

**Town of Searsport**

**Community Emergency Response Team (CERT)**

I, \_\_\_\_\_ understand that in connection with my application for participation in the Town of Searsport Community Emergency Response Team (CERT) the Town will research and verify information that I have provided. I hereby authorize the Town and/or entity directed by the Town prior to or at any time after my acceptance into the CERT program to perform a background investigation. I understand this report may include inquiries regarding my work history, court records, including criminal convictions record as permitted by law, driving history and references supplied/obtained from professional and personal associates. I hereby authorize employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to the Town of Searsport or other entities that obtain information for the Town. I further fully release the Town and hold harmless, its employees, officers, directors, agents, successors, and assignees and all other parties involved in the backgrounds / reference investigations. I understand results of my background / reference investigation check may be used in determining whether to accept / reject the application for participation in the CERT program. I accept that the Disclosure Authorization is not an offer for employment by the Town of Searsport or a contract with the Town. I further understand that no representative of the Town of Searsport , CERT representative, instructor or other participant in the CERT program has the authority to enter into any agreement for employment for any specified period of time. All participants of the CERT program are considered at-will volunteers and can be dismissed from the program at any time for any reason.

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

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