

INDIAN RIVER COUNTY, FL



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 Indian River County CERT 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 Carm Miranda as soon as possible: (954) 336-5190.

Again, thank you for your interest in the Indian River County CERT's TEEN Community Emergency Response Team program.

Carm Miranda
Teen Cert Director

INDIAN RIVER COUNTY, FL



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 Florida.
 3. **A local check will be conducted to determine the background of the participants. The Director 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 before your first class; or email them to
certofindianrivercounty@gmail.com
- 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 Indian River County Emergency Operations Center (EOC) located at 4225 43rd Ave, Vero Beach, FL 32967**
 7. Classes will be held as scheduled, and no students shall be dropped off any earlier than ½ hour before classes start and no later than ½ hour after classes end.
 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. You will need to bring your issued CERT equipment bag and ID badge to each scheduled session (*these will be provided the first day 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.

10. 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 Carm Miranda:

Phone: (954) 336-5190

E-mail: cmirandak4crm@gmail.com

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.

13. Please contact Carm Miranda for any additional information.

Students will receive more information at the first class session.

INDIAN RIVER COUNTY CERT



**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 e-mail 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 participated 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 (insect bites, grass, etc.) _____

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 Indian River County CERT will make reasonable efforts to assure all persons have access to any programs and services. If a disability requires special needs accommodations, please contact Carm Miranda at (954) 336-5190.

INDIAN RIVER COUNTY CERT



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 Indian River County CERT, Vero Beach, Florida;

Now, therefore in consideration of the Indian River County CERT allowing me to participate in the TEEN Community Emergency Response Team program and in consideration of County of Indian River and the Indian River County CERT 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 County of Indian River and the Indian River County CERT, its employees, officers, commissioned staff, representatives, instructors, Board of Directors, Training Committee Members, affiliates, and agents, acting officially or otherwise (hereinafter referred to as Indian River County) 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 Indian River County, or whether said harm or damage occurs through acts of a person not employed by Indian River County.

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 County of Indian River.

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 Indian River County CERT 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 Indian River County CERT, the State of Florida, 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 Director, 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 The County of Indian River, 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 INDIAN RIVER COUNTY, FLORIDA 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.

INDIAN RIVER COUNTY CERT



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 Indian River County CERT and The County of Indian River to use my name and display my image and likeness, or the likeness of said minor child, on the Indian River County CERT website or 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 Indian River County CERT TEEN Community Emergency Response Team.

I understand that the photos or video could be used to advertise and/or promote the Indian River County CERT'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*)