



DEKALB COUNTY EMERGENCY MANAGEMENT AGENCY

Chief Susan V. Loeffler, Director

1950 West Exchange Place Tucker, Georgia 30084

Phone: 770-270-0413 Fax: 770-724-7840



Dear CERT Course Applicant,

Please complete the forms in this application packet and return to me as soon as possible. **You must supply an original current** (less than 90 days old) **criminal history background check from a state recognized law enforcement agency with all attached sheets**. A list of agencies that do these checks is included. Applicants who have a criminal history of any type of theft, drug offense, violence, crime against a child, or a felony conviction will not be accepted into the CERT course.

You are required to sign the Liability and Indemnification Agreement / Photo Release form that is in the application packet and have it notarized.

Be sure to answer every question on the application. Once I have received your packet, it will be reviewed. If the application is in order and complete, you will be notified when you are scheduled for the next CERT course. Your acceptance e-mail will include the date and time for the class, the training location, and a list of what you should bring to class. If any part of your application is not complete you will be notified as to what is needed. You will not be placed on a class roster until your application packet is complete, unless you have notified me in reference to obtaining your background check late.

If you have any questions, please don't hesitate to contact me at either 770-270-0413 or drglover@dekalbcountyga.gov.

Dena Glover
Office Assistant
DeKalb Emergency Management Agency
1950 W. Exchange Place
Tucker, GA 30084
770-270-0413
drglover@dekalbcountyga.gov

**DeKalb County Emergency Management Agency
Community Emergency Response Team (CERT) Course 2017**

Check the box of the class that you would like to register for. Class Times are 7:00-9:30PM

- Thursdays: January 12 – March 9
 Tuesdays: March 28 – May 23
 Thursdays: June 16 – August 10 Drill for all three classes: October 7, 2016

Please Print Clearly:

Name:

Street Address:

City:

State:

Zip:

Do you: live _____ or work _____ in DeKalb County?

Telephone (Day):

(Evening):

Email:

T-Shirt Size:

Please return this form (one registration per form, please) to:

***DeKalb County EMA
ATTN: Dena Glover
1960 W. Exchange Place
Tucker, GA 30084
drglover@dekalbcountyga.gov***

List any experience you have had in disaster training and/or exercises:

DeKalb County
Emergency Management Agency
Release from Liability and Indemnification Agreement

I, _____ (print name), (hereinafter "Volunteer") have entered into an agreement with DeKalb County, by which I have voluntarily agreed to participate.

1. Voluntary Participation. I am not an employee of DeKalb County, for which I will be performing voluntary services. I will assume liability for any bodily or personal injury received as a result of performing the voluntary services. I further agree that, if I suffer any bodily or personal injury or illness arising out of, and in the course of, performing the voluntary services, I will not be entitled to recover any workers' compensation benefits.

2. Release. I hereby agree that I, my assignees, heirs, distributees, guardians and/or legal representatives will not make a claim or institute any proceeding against, sue or attach property of DeKalb County on account of injury, illness or damages resulting from negligence or other acts, howsoever caused, by any employee, agent or contractor of DeKalb County as a result of my participation in the volunteer service. I hereby release DeKalb County from all actions, claims or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, illness or damages from my participation in the volunteer service.

3. Indemnification. I hereby agree to assume responsibility and liability for any damage, loss, or injury, including death, of any kind or nature whatever to person or property, including employees and property of DeKalb County, caused by or resulting from any error, or omission of the Volunteer, or the negligent act of the Volunteer or its subcontractors or any of their officers, agents, servants, or employees, arising from the performance of the work under this Agreement. The Volunteer shall defend, indemnify, and hold harmless DeKalb County and all of its officers, agents, servants, or employees from and against any and all claims, loss, damage, charge, or expense to which they or any of them may be put or subjected by reason of any such damage, loss, or injury. The Volunteer expressly agrees to defend against any claims brought or actions filed against the County, where such claim or action involves, in whole or in part, the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed.

4. Knowing and Voluntary Execution. I have read this release and indemnification agreement and fully understand its contents. I am aware that this is a release of liability and indemnification agreement, that it is a contract between DeKalb County and me and I am signing it of my own free will.

PHOTO RELEASE

Permission is granted to DeKalb County, any or all of its behalf, to photograph or videotape _____ (print name) for purposes of publicity, public relations, advertising, newsletters and the like. The photographs are discharged and released from any and all claims arising out of the use of photos or videotapes or any rights I may have to the tape. I understand that all photographs or videos of me are subject to disclosure under the Georgia Open Records Act, O.C.G.A. § 50-18-70, et seq.

I have read the above statement and allow myself to be photographed.

Executed on this _____ day of _____, 20_____.

Signature of Volunteer

Printed Name of Volunteer

Notary Public

My Commission Expires On:

DEKALB COUNTY EMA
EMERGENCY INFORMATION

All of the following information is kept strictly confidential. It is only used in case of an emergency.

Name: _____ Date of Birth: _____

Hospital Preference: _____

Medical Information:

Medications Currently Taking (name & dosage): _____

Allergies (food, medications, insects, plants, etc.):

Medical History:

Physical Limitations:

Emergency Contact: (please list 2)

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

**DEKALB COUNTY EMA
CERT QUESTIONNAIRE**

The information on this sheet is used to enable us to compile statistical data for yearly reports.

Occupation: _____

How did you hear about the CERT Course?

Why do you want to attend the CERT Course?

Age Group: circle one

18-25

26-35

36-45

46-55

56-60

60+

Do you currently volunteer with an organization? YES NO

Which one? _____

Are you interested in volunteering with the DeKalb County Fire Rescue Reserve (Volunteer)

Program, administered by DEMA? YES NO MAYBE

BACKGROUND CHECK
INFORMATION

Agnes Scott College
137 S. McDonough St.
404-471-6355
Contact: Lynette Duffy
Cost: \$10.00 Cash only
Hours: 8:30-4:30 p.m. (M-F)
Picture ID
Same day service if there by 4:00 p.m.

Chamblee Police
3518 Broad St.
Doraville GA
770-986-1068
Cost: \$5.00 (Cash only)
Hours: 8:00-6:00 p.m. (M-F)
Picture ID
Same day service

Clarkston Police
3921 Church St.
Clarkston, GA, 30021
404-292-9465
Contact: Susie
Cost: \$15.00 Cash or Credit Card. (no checks)
Hours: 9:00 4:30 p.m. (M-F)
Picture ID
Same day service

Decatur Police
Done only for City of Decatur residents.

DeKalb Police
1960 W. Exchange PI
Tucker, GA, 30084
770-724-7740
Cost: \$20.00 Cash only
Hours: 8:00- 5:00 p.m. (M-F)
Picture ID
Same day service

Doraville Police N/A

Emory Police
1784 N. Decatur Rd.
Decatur, GA
404-727-8005
FREE only to Emory Community, will not provide service to general public.
Hours: 8:00 5:00 p.m. (M-F)
Picture ID (Georgia)
Will mail to you – not same day service

Lithonia Police
6980 Main St.
Lithonia, GA (Wayfield plaza)
770-482-8947
Contact: Victoria
Cost: \$15.00 (Cash exact amount)
Hours: 8:00- 4:00 (M-Thurs.)
1:00-4:00 p.m. (Fridays)
Picture ID
Same day service

Pine Lake Police
459 Pine Dr.
Pine Lake, GA
404-292-4250
Contact: Marcella Stone
Cost: \$20.00 (Cash only)
Five or more come in together (\$15.00)
Hours: 8:00-4:30 p.m. (M-F)
Picture ID
Same day service

Stone Mountain Police
922 Main St.
Stone Mountain, GA 30083
770-879-4980
Contact: Jan
Cost: \$20.00 (Cash or Money Orders Only)
Hours: 9:00- 4:00 p.m. (M-F)
Picture ID
Same day service