CERT Volunteer Code of Conduct

☐ As a volunteer I will perform only those assigned tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capability or ability.

☐ As a volunteer I will not undertake to operate or use vehicles, equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely, and have not received specific authorization to use from my supervisor.

☐ As a volunteer I will strictly observe all safety rules and use care in the performance of my assigned tasks.

☐ As a volunteer I will treat everyone with respect, patience, integrity, courtesy, and dignity.

☐ While volunteering I will not use profanity, or make humiliating, ridiculing, threatening, or degrading statements.

Volunteer and Release Agreement for CERT Participation

I, _____ , volunteer to serve as a responsible Community Emergency Response Team (CERT) member, in responding, during a disaster in my neighborhood or when I am called by authorities.

I understand Stansbury Park CERT (SPC) or Tooele County Emergency Management (TCEM) is not obligated to provide me with a volunteer placement. I also understand that I am not obligated to accept the volunteer position offered. I understand that Stansbury Park CERT or TCEM reserves the right to terminate my volunteer status at any time and that I may withdraw as a volunteer at any time. I understand that volunteer positions are charitable contributions to Tooele County without anticipation of compensation of any kind or consideration of future employment. In consideration of the acceptance of my application to participate in the CERT course, I hereby waive, release and discharge any and all claims for property damages, personal injury or death which I may have, or which may hereafter accrue to me, as a result of my participation in CERT training and other activities including emergency responses. This release is intended to discharge, in advance, the County of Tooele, its officials, officers, volunteers, employees and agents from liability, even though that liability may arise out of negligence on the part of the persons or entities mentioned above. It is understood that some activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

____CONSENT FOR TREATMENT- By applying for, and participating in this CERT program, I hereby give my consent to be treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the training and response activities. It is understood that SPC and TCEM provides no medical insurance for such treatment, and that the cost thereof will be at my expense.

____CONSENT FOR MEDIA RELEASE - SPC or TCEM may use photos/videos taken of me in my volunteer service for public awareness and educational purposes

____AS A CERT VOLUNTEER: 1. I understand that while responding of my own accord to assist my family and others in times of need, I am acting as an unaffiliated CERT volunteer and not an official volunteer of Tooele County. 2. I understand that I become an official Tooele County CERT Volunteer only at the request of Tooele County Emergency Management upon engaging in a major disaster response when Officials and First responders are unable to assist. I may be notified to respond to a CERT Staging area during a disaster or emergency by the Emergency Notification Alert System or other means. I understand that SPC and TCEM, in its sole discretion, has the right, should this job placement be inappropriate, to suggest alternative placement or terminate my volunteer services. 3. I understand that while serving as an official Tooele County CERT Volunteer, it is my responsibility to have my time-recorded daily by my assigned supervisor, and that at the conclusion of my official volunteer service, it is my responsibility to report the number of hours to the Coordinator. I understand that my service will not be credited unless I report the number of hours I have worked as indicated in this paragraph.

_____   _____
Volunteer Signature   Date

If the volunteer applicant is under the age of eighteen, a parent or guardian must also review these items and sign below.

I, _____, am the parent or legal guardian of _____ and I agree to allow him/her to be bound by the conditions represented above.

Signature _____ Date_____