

Van Buren County

Community Emergency Response Team

Volunteer Agreement

Complete form and return form to
County of Van Buren
Attn. CERT Program Directors
205 South Kalamazoo Street
Paw Paw, MI 49079

I, _____, hereby request permission to participate in the County of Van Buren Community Emergency Response Team (CERT) program. I understand that participating in both this training and actual incidents as required 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 County of Van Buren, 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 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 instructor's program rules and exercise reasonable care while participating in the CERT program. I understand that if I fail to follow the instructor's rules and regulations or exercise reasonable care, I can be administratively removed from the program. I also agree to conform to all rules and regulations of the County of Van Buren. 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 to 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 County of Van Buren and authorize the County of Van

Buren to contact any references provided. A successful background check/clearance is a prerequisite for program participation.

6. I understand my volunteer service represents a significant commitment, and I realize the County of Van Buren depends on my services. If I cannot keep this commitment for any reason, 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 voluntarily. I do not expect nor will accept payment or compensation for performing any work. I also understand that a volunteer position does not constitute any employee-employer relationship with the County of Van Buren and that I serve at the discretion of the County of Van Buren Department of Domestic Preparedness supervisor and/or appointee.
8. If I am currently a County 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 were receiving services or assistance from the County of Van Buren or otherwise involved in my volunteer services. I recognize that the 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 County of Van Buren 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 hours donated, and I understand that the County of Van Buren will maintain no permanent record of this time.
11. I understand that I may be covered under the County of Van Buren Worker's Compensation insurance in the event of an injury from rendering a volunteer service. I understand that as a volunteer, I do have limited coverage for bodily injury through the County's liability carrier when acting within the scope of my official duties as a County of Van Buren CERT member. I agree to immediately report any volunteer-related injury or incident to my CERT supervisor.

12. I understand that the County has a zero policy against harassment or discrimination and agree to comply with this policy.
13. I understand that the County of Van Buren has a zero-tolerance policy against any violence, threat, or intimidation, implied or actual, and agree to comply with this policy.
14. I understand that the County of Van Buren has a zero-tolerance policy against any use of being under the influence of illegal drugs or alcohol in the workplace and/or while performing my duties. I agree to comply with this policy.
15. I understand that the County of Van Buren has a zero-tolerance policy against carrying or use of any weapon or firearm by individuals other than active members of the County of Van Buren Law Enforcement Department and its law enforcement reserves. While executing the duties of a CERT member, I agree to comply with this policy.
16. I understand that the County of Van Buren is not responsible for loss or damage to personal belongings or personal vehicles.
17. I understand that if I am under the age of (18), my parent or legal guardian will register and participate in this class and supervise my participation in all future CERT activities (until I reach the age of 18 yrs.).
18. I understand that I am responsible for the reasonable care and maintenance of any CERT-related equipment issued to me by the County of Van Buren and for ensuring 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 County of Van Buren and will be returned to the County of Van Buren should my status as a CERT member terminate or upon the request of Deputy Todd Skinner. I understand that I am responsible for the replacement costs of the equipment if I terminate and fail to return the issued equipment/gear. I certify that I have disclosed all known medical and physical limitations fully by executing this release. I sign this release freely and voluntarily.

Signature _____

Date _____

Printed Name _____

Date _____

Witness

Date _____