



DATE _____ BIRTH DATE _____

LEGAL NAME _____
LAST FIRST Middle Name

ADDRESS _____
NUMBER STREET APT. #

ADDRESS LINE 2

CITY STATE ZIP

PHONE _____
HOME WORK CELL (Text OK? Y or N)

E-MAIL _____ TX DRIVERS LICENSE # _____

Shirt Size: _____

Emergency Contacts:	
NAME _____	RELATION _____
PHONE _____	
NAME _____	RELATION _____
PHONE _____	

Supplementary Information

How did you hear about EastTex CERT?

- Friend/Neighbor Flyer
 Website Community Outreach
 Public Safety Department

Do you work in Rockwall County, Hunt County, Kaufman County or Collin County? (Circle) YES OR NO

If "YES" which county? _____

Where else do you volunteer your time?

List any special skills that can be utilized in a disaster:

Disclaimer: This information is for the private and internal use of the Rowlett Citizen Corps Council (RCCC) and its affiliated programs. In no event is this information intended for parties outside of RCCC or its affiliates. RCCC and its affiliates are not liable for accidental release of information and will only allow access to this or any member information on a need to know basis.

EastTex Regional CERT

Authorization for Release of Personal Information

I, _____, as an EastTex Regional CERT volunteer “the volunteer”, do hereby authorize a full review, full disclosure and release of all records, including but not limited to photocopies of records concerning myself to any duly authorized agent of the Rockwall County Sheriff’s Office, Rowlett Citizen Corps Council, Hunt County Office of Homeland Security, Hunt County, Kaufman County Office of Emergency Management, Kaufman County, Collin County and Collin County Office of Emergency Management, and EastTex Regional CERT whether the said records are of public, private or confidential nature.

I authorize the above named county agencies to make an investigation of all information contained in this application for volunteer status, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of volunteer status or discharge. Upon termination of my volunteer status for whatever reason, I release the Rockwall County Sheriff’s Office, Rowlett Citizen Corps Council, Hunt County Office of Homeland Security, Hunt County, Kaufman County Office of Emergency Management, Kaufman County, Collin County and Collin County Office of Emergency Management, and EastTex Regional CERT from all liability for supplying any information concerning my volunteer status without my expressed written permission.

I understand that if I am accepted as a volunteer, it is an indefinite period of time and that the Rockwall County Sheriff’s Office, Rowlett Citizen Corps Council, Hunt County Office of Homeland Security, Hunt County, Kaufman County Office of Emergency Management, Kaufman County, Collin County and Collin County Office of Emergency Management, and EastTex Regional CERT can change status and conditions at any time. I have read and understand the above. I further agree to waive any right whatsoever to the background investigation report developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature. This authorization shall terminate upon the conclusion of my volunteer status with EastTex Regional CERT.

Applicant (Print Full Legal Name)

Date

Signature

TX DL #

Address

Date of Birth

City/State/Zip

WAIVER AND RELEASE AGREEMENT FOR ROWLETT CITIZEN CORPS COUNCIL PROGRAMS, THE COUNTY OF ROCKWALL, TEXAS, THE COUNTY OF HUNT, TEXAS, THE COUNTY OF KAUFMAN, TEXAS, THE COUNTY OF COLLIN, TEXAS

The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the **Rowlett Citizen Corps Council, Inc., the County of Rockwall, Texas, the County of Hunt, Texas, the County of Kaufman, Texas, the County of Collin, Texas** and its affiliated programs, do hereby agree to this wavier and release.

I recognize that **Rowlett Citizen Corps Council, Inc., (RCCC) and The County of Rockwall, Texas, The County of Hunt, Texas, The County of Kaufman, Texas, The County of Collin, Texas,** and its affiliated programs will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in RCCC and County related programs, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care, performing light search and rescue activities, rehabilitation and relief services, communications, and other similar activities associated with Citizen Corps programs and other initiatives.

I recognize that these activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart, or other serious health problems that could prevent me from participating in any of the activities associated with this program. I further state that I am sufficiently physically fit to participate in the activities of this program.

I recognize that if I am accepted for the program, I may be covered by the provisions of the "Charitable Immunity and Liability Act of 1987" (Texas Code §84), "Good Samaritan Law: Liability For Emergency Care" (Texas Code §74), the "Volunteer Protection Act of 1997" (Federal Public Law 105-19, June 18, 1997), and others during the time that I am performing approved volunteer activities.

I agree to release Rowlett Citizen Corps Council, Inc., The Texas Counties of Rockwall, Hunt, Texas, Kaufman, and Collin, its programs, officers, directors, employees, members, volunteers, agents, and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with the aforementioned activities.

I further agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ANY PARTICIPATION IN PROGRAMS SPONSORED BY ROWLETT CITIZEN CORPS COUNCIL, INC.

Signature

Date Signed

Printed Name

EastTex Regional CERT

Program Coordinator Name

Signature and Date Received and Affirmed Understanding