

SANTA MONICA

Community Emergency Response Team (CERT) Application
City of Santa Monica Office of Emergency Management
333 Olympic Drive, Second Floor/EOC Santa Monica CA 90401
Phone (310) 458-2263 Fax (310) 449-4414
oem@smgov.net



Contact Information

First _____ Last _____

Cell Phone _____ Alternate Phone _____

Address _____ Home _____ Work _____

City _____ State _____ Zip _____

Email _____ Birth Date _____ mm/dd/yy Male _____ Female _____

Emergency Contacts

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Additional Information

Are you currently: Employed _____ Unemployed _____ Student _____ Retired _____ Other _____

Work Experience*: _____

*If available please attach resume.

Volunteer Experience: _____

Disaster operations experience? Yes ___ No ___ If yes, please specify: _____

Accessibility or language needs? Yes ___ No ___ If yes, please specify: _____

Skills

Bilingual _____ Please specify language(s) _____

Hobbies, interests or special skills: _____

I am interested in volunteering because: _____

Please read and sign for application to be valid-

Fingerprinting: Volunteers (18 years or older) will be required to pass a “Live Scan Fingerprint” background check as provided by the Santa Monica Police Department. Notifications of relevant convictions are sent to the City of Santa Monica by the State of California, Department of Justice, and Bureau of Criminal Investigations.

Conviction Information: Provide information on a separate piece of paper pertaining to all convictions, unless sealed or expunged. Do not list arrests that did not result in conviction. The following information is required for all volunteers:

- Date of Conviction
- Code Section Violated (Number and Title)
- Felony or Misdemeanor
- Sentencing Information (length of jail sentence, time served, monetary fine, terms of parole and/or probation)
- Description of Offense and/or Additional Remarks

Waiver: I understand that in my capacity as a volunteer, I am not an employee of the City of Santa Monica and that I will not be covered by workers’ compensation insurance. The City will provide an accident insurance policy which covers me for medical care in excess of any insurance to which I may be entitled. I also agree to complete the City’s Driver’s Information Sheet allowing evidence of vehicle insurance in compliance with State Law in the event I use my personal vehicle in my capacity as a City Volunteer. I further agree to defend, indemnify, and hold harmless the City of Santa Monica and its officers, employees and agents, from and against any and all claims, liability judgment and expenses that may arise by reason of services I provide as a volunteer or that are connected in any way therewith.

In consideration of the applicant’s participation in the above activity(s), I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which I may have or which may have hereafter accrued to me as a result of engaging in said activity or any activity incident thereto. THIS RELEASE DISCHARGES IN ADVANCE THE CITY OF SANTA MONICA, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY EVEN THOUGH THAT LIABILITY MAY RISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED BELOW. Some volunteer activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. This waiver, release and assumption of risk is to be binding on my heirs and assigns.

Photo Release: I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of my likeness, voice and/or activities and further authorize the City of Santa Monica, its agents, or, assigns to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation now, or, in the near future, for participating. I do hereby release and hold harmless the City of Santa Monica its officers and employees from any claims.

In case of serious injury, I give my permission for the City of Santa Monica personnel to seek any emergency medical treatment should it become necessary.

Print Name

Signature

Date