



CERT Basic Training Student Application



>>> Return to aday@tetoncountywy.gov <<<

Training Session

CERT Class (Month & Year): _____

Basic Information

Name (First and Last): _____

Email: _____

Mobile Phone: _____ Alternate Phone: _____

Mailing Address: _____

Physical Address: _____

Are you 18 years of age or older? ☐ YES ☐ NO

Emergency Contact

Name (First and Last): _____

Relation: _____ Phone: _____

Criminal History

Have you been convicted of a felony, or any crime in the last seven (7) years?* ☐ YES ☐ NO

If yes, please explain:

**A criminal offense does not necessarily affect eligibility for CERT Basic Training.*

Interest and Experience

This section is for our information only and will not affect your chances of admission.

In a sentence or two, why are you interested in taking CERT Basic Training?

(Continued ↓)

Teton County, WY Emergency Management

Phone: 307-733-9572 • Email: em@tetoncountywy.gov • Web: www.tetoncountywy.gov/em

Please list any certifications or experience (past or current) that might be relevant to CERT.

Examples include being a CERT member elsewhere, working/volunteering in fire, law enforcement, medicine, or search and rescue, first aid/medical certifications, deployments on incidents or other experience using the Incident Command System (ICS), etc.

Needs

This section is for planning purposes only and will not affect your chances of admission. CERT is for everyone, and we will strive to make the course as inclusive and accessible as possible.

Do you have any limitations that will require special accommodations during this class?

Lunch and snacks will be provided each day of class. Do you have any dietary restrictions you would like us to know about?

Signature of Applicant**

Date:

Signature of Parent/Guardian (if under 18)

Date

*** By signing this application, I give Teton County Emergency Management permission to run a criminal background check on me if I am accepted to the course and prior to course completion.*

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Teton County Community Emergency Response Team (CERT)

Hold Harmless/Permission Request

I, _____ hereby request permission to participate in the Teton County Community Emergency Response Team (CERT) program. I understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage.

I agree to hold Teton County, the Town of Jackson, Jackson Hole Fire/EMS, Jackson Police Department, and Teton County Emergency Management, and their agents and personnel, 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 above mentioned class.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT program. I understand that if I fail to follow the instructor's rules and regulations or if I fail to exercise reasonable care, I can be administratively removed from the program.

By executing this release I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this release freely and voluntarily.

Signature of Participant

Date

Signature of Parent/Guardian (if under 18)

Date