



City of Puyallup
Emergency Management Division
CERT Basic Training
PARTICIPATION FORM

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Occupation (if applicable): _____

Name of current school (if applicable): _____

Organizational Memberships: _____

Other Volunteer Services: _____

Please list any languages, other than English, that you fluently speak, write, and/or understand: _____

Do you need any accommodations? _____

EMERGENCY INFORMATION

In case of emergency, person to contact should be:

Name		Relationship
Address		City
State	Zip Code	Phone

INTEREST

Why do you want to attend CERT Basic Training?

How will you use what you learn in CERT Basic Training to impact our community?

Are you interested in joining a CERT Team in your neighborhood? YES _____ NO _____

I declare under penalty of perjury that all statements on this form are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

Participant Signature: _____ Date: _____

Participants must be 16 years of age or older, unless accompanied by a parent/guardian. For individuals under the age of 18 years old, approval is required by a Parent or Guardian:

Parent/Guardian Signature of Consent: _____ Date: _____

PHOTO RELEASE

During your participation in the City of Puyallup CERT Basic Training, photographs will be taken to document activities and events. Photographs could be used by the City of Puyallup for community outreach and public affairs purposes. By checking yes, you agree to release and authorize any photographs, as described above to be used by the City of Puyallup.

YES _____ NO _____

RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT

The undersigned desires to attend the City of Puyallup CERT Basic Training.

For and in consideration of my participation in the City of Puyallup CERT Basic Training, I hereby release from liability for any injuries or damage, I may sustain, and agree to save, defend, indemnify, and hold harmless the City of Puyallup, its employees, volunteers, and the agents from any and all claims, real or imaginary, which may be filed against them of any act or omission of the undersigned during the program. The release, waiver, and hold harmless agreement applies to and is binding upon the undersigned and his/her heirs, successors, and assigns.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Participants must be 16 years of age or older, unless accompanied by a parent/guardian. For individuals under the age of 18 years old, approval is required by a Parent or Guardian:

Parent/Guardian Signature of Consent (if applicable): _____ Date: _____

Please return completed application via US mail or email to:

City of Puyallup
Emergency Management Division
333 South Meridian
Puyallup, WA 98371
prepare@puyallupwa.gov

APPLICATIONS MUST BE RECEIVED BY FEBRUARY 22, 2023