



City of Newport News

Department of Human Resources

Authorization to Release Information

TO: Any Local, State or Federal Law Enforcement Agency; any past or present employer; any Academic Dean, Registrar, Principal, Guidance Counselor or other authorized person at any School, College or University; U. S. Armed Forces, or Maritime services:

I, _____ (First Name) _____ (Middle Name) _____ (Last Name)
_____ (Address) _____ (City) _____ (State) _____ (Zip)

have applied for employment /volunteer service as a/an _____ with the City of Newport News, Virginia. I am aware that my entire background may be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including employment and criminal records) to any representative of the City of Newport News, Virginia, upon presentation of this release or copy hereof and release all concerned from all liability in connection therewith.

_____ (Date of Birth)	_____ (Social Security Number)	_____ (Race)	_____ (Gender)
_____ (Maiden Name)	_____ (List any other names or aliases previously used)		
_____ (Place of Birth: County or City)	_____ (Place of Birth: State or Country)		

(Signature of Person to be Investigated)

(Date)

Newport News CERT member Questionnaire – Please type or print very neatly.

Name: _____

Home Phone: _____

Cell Phone: _____ Cell phone provider (): _____

Personal Email: _____ Do you receive text messages? _____

Work Email: _____ Work Phone: _____

Please circle any of your special skills or interests that may be helpful to the CERT:

Forklift operator _____ Veterinarian tech _____ Social Media Skills _____

Military _____ Medical training _____ Project management _____

Emergency Management _____ Training _____

Fluency in other language What Language _____

Other – please identify _____

What CERT activity would you like to participate in? You may choose more than one.

Pet shelter _____ Outreach _____

Virtual Ops Support Team _____ Logistics _____ Point of Distribution Team _____

Please indicate how you learned about the CERT program:

Regional web site _____ City web site _____ State web site _____

TV commercial _____ Friend _____ CERT speaker _____

Other - _____

Which level of CERT are you interested in? Choose only one:

CERT - B – No Deployments, no equipment, no further training. _____

CERT – I – Can be deployed, on at least one special ops team, equipment issued, attend annual CERTEX, special ops team training, and 75% monthly drills. _____

CERT – A – Can be deployed, on more than one special ops team, equipment issued, attend 75% of course offerings and meetings, leadership training, ICS 100, ICS 200, team leader potential. _____



Memorandum of Understanding

I, (print name) _____, hereby request to participate in the Newport News, Virginia 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 property damage. Further, I have read and understand the program outline that describes all class sections and the associated activities.

I understand that participation in the CERT program may carry a risk of personal injury and/or property damage. I further understand that I may encounter natural and manmade hazards, environmental conditions, diseases and other risks that may result in injury to my person or property. My participation in the CERT program is voluntary. I do hereby agree to assume all risks which may be associated with or result from my participation in this program, and hereby waive any and all claims, causes of action and demands against the City of Newport News, its agents, officers and employees for any personal injury or property damage arising from my participation in the CERT program.

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 program regulations or if I fail to exercise reasonable care, I can be administratively removed from the program. I understand that I do not become an employee of the City of Newport News via my participation in the CERT program.

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

Signature

Date

Print Name

Daytime Telephone

Address

Emergency Contact Name

Emergency Contact Number

E-Mail Address: _____