

**HOOD COUNTY  
COMMUNITY EMERGENCY RESPONSE  
TEAM VOLUNTEER APPLICATION**



**Return completed application to:**

**HOOD COUNTY CERT**  
Fire Marshal's Office  
401 Deputy Larry Miller Dr  
Granbury, TX 76048

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
(Maiden Name)
First
Middle

Address: \_\_\_\_\_  
Street
City, State
Zip

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Experience (Paid and Volunteer, Beginning with the most recent):

Position	Organization	Dates

Skills and Interests:

College Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Licenses Held: \_\_\_\_\_

Languages(s) Spoken fluently: \_\_\_\_\_

Hobbies, Skills, and Interests: \_\_\_\_\_

\_\_\_\_\_

List the names, Addresses, and phone Numbers of three references:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have access to a vehicle that you can use for volunteer work? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you learn about the Hood County CERT Program?

\_\_\_\_\_

What is your reason for wanting to volunteer with the Hood County CERT Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal as a volunteer with the Hood County CERT Program.

I understand by signing below that the information above will be verified and a background check completed by the Hood County Fire Marshal for the purposes of checking my criminal history record and that I MAY be selected to participate in the Community Emergency Response Team (CERT) Program.

I also understand that my criminal history background MAY disqualify me from being selected to participate in the CERT Program. By signing below, I give my consent to the Hood County Fire Marshal to check my criminal record for the purpose of being selected to attend the Hood County CERT Program. This information is to remain confidential to Hood County .

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

Local Records Check:

Clear: \_\_\_\_\_ Not Clear: \_\_\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ Checked By: \_\_\_\_\_

Local Warrants Check:

Clear: \_\_\_\_\_ Not Clear: \_\_\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ Checked By: \_\_\_\_\_

Final Authorization: \_\_\_\_\_

Hood County Fire Marshal

HOOD COUNTY COMMUNITY EMERGENCY RESPONSE  
TEAM WAIVER AND RELEASE AGREEMENT



The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Hood County Community Emergency Response Team ("CERT") Program, do hereby agree to this waiver and release.

I recognize that the Hood County CERT Program 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 the Hood County CERT Program, 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.

To the extent that I have a known heart condition, serious health problems, or a physical impairment or handicap, I state that I will not perform or attempt to perform any acts that could result in physical harm to me or to any other person. I further state that if any representative, officer, employee, instructor, member, volunteer leader, agent, official or staff of the Hood County Fire Marshal or sponsor of the Hood County CERT Program recommends, for any reason, that I refrain from participating in any activity, or end my participation in any ongoing activity, associated with the Hood County CERT Program, I will refrain from participating in or withdraw my participation from such activity immediately .

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" (Tex. Civ. Prac. & Rem. Code §§ 84.001-84.008), the Medical Liability Act (Good Samaritan Law) (Tex. Civ. Prac. & Rem. Code §§ 74.151), and the "Volunteer Protection Act of 1997," 42 U.S.C. §§ 14501-14505, during the time that I am performing approved volunteer activities.

I HEREBY ASSUME ALL RESPONSIBILITY AND RISK FOR INJURY THAT MIGHT OCCUR TO ME OR MY PROPERTY AND AGREE TO INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND HOOD COUNTY, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY ME IN CONNECTION WITH THE ABOVE DESCRIBED ACTIVITY, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY THE NEGLIGENCE OF OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES OF HOOD COUNTY. FURTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND HOOD COUNTY, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS BY REASON OF MY PARTICIPATING IN THE ABOVE DESCRIBED ACTIVITY.

I understand that I will not receive compensation for my services as a Hood County CERT Volunteer. I hereby agree to read the Hood County CERT Program Rules, Regulations, Policies, Procedures and Code of Conduct. I have carefully read and understand the contents of this waiver and release and I specifically intend it to cover my participation in the Hood County Community Emergency Response Team Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

STATE OF TEXAS  
COUNTY OF HOOD

SUBSCRIBED AND SWORN TO BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to certified which witnessed my hand and official seal.

(seal)

\_\_\_\_\_  
Notary Public in and for the State of Texas

**VOLUNTEER REGISTRATION FORM**

Please print

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(as it appears on your Driver's License)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_\_

Are you over the age of 18? Yes No

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_  
(If applicant under age 18, prior to volunteering, parent/guardian will be required to sign)

Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Name of Department you are working?: \_\_\_\_\_

High School Graduate? Yes No GED If GED, from what agency?: \_\_\_\_\_

Circle highest level **completed**:

High School: 9 10 11 12 College: 1 2 3 4 Graduate School: 1 2 3 4

Reason for Volunteering:

\_\_\_\_\_

Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_

Work Experience (general summary):

\_\_\_\_\_  
\_\_\_\_\_

Please circle which days you are available **and** under each day available please list what time you are available to work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

**In Case of Emergency, Notify:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Telephone #: (\_\_\_\_) \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_  
Alternate #: (\_\_\_\_) \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_\_

**Driving and conviction record:**

Your driving record will only be considered to the extent you will be driving city vehicles or doing city business in your personal vehicle.

State your Driver License is from \_\_\_\_\_ Check Type of License: A-CDL B-CDL Class C N/A (no license)

Have you been issued a citation for any moving traffic violation(s) within the past three years for which you were convicted, served probation, took deferred adjudication or attended driving school? Yes No

If yes, please complete the following and attach additional sheet, if necessary:

\_\_\_\_\_  
Charge Month/Year Location - city/state  
\_\_\_\_\_  
Charge Month/Year Location - city/state  
\_\_\_\_\_  
Charge Month/Year Location - city/state

Have you ever been convicted of a crime other than a Class C traffic offense? Yes No  
If so, please complete the following: (Note: Conviction will not automatically exclude you from employment.)

Charge	Month/Year	Location – city/state
Charge	Month/Year	Location – city/state
Charge	Month/Year	Location – city/state

E Situations arise within City departments that require employees and volunteers to deal with confidential information. Volunteers will be expected to maintain the utmost professionalism when dealing with information and records that are confidential.

Release of Personal Data: I hereby authorize any investigator or duly accredited representative of the Hood County Fire Marshal's office to obtain any information from criminal justice agencies. This information may include, but is not limited to driving, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the county and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a copy of your Driver's License.**