Albuquerque

citizen corps

Council

Community Emergency Response Team (CERT)

Program Forms
(Please do not send this page with your application)

Albuquerque Community Emergency Response Team

To Be Completed by the Volunteer:

- **Background Investigation Waiver and Release Form**
  - Background investigations will be completed by the City of Albuquerque Human Resources Department for the Albuquerque Police Department Office of Emergency Management. All information is confidential.
- **Release From Liability Form**
  - This form will be kept on file with City of Albuquerque CERT.
- **Albuquerque CERT Membership Information Form**
  - Please include valid email as this is our primary way of communication
- **On-line FEMA courses**
  - IS 700a
    - http://training.fema.gov/emiweb/is/is700a.asp
  - IS 100b
    - http://training.fema.gov/emiweb/is/is100b.asp

Upon completion, forward the completion notification e-mail from FEMA to smuller@cabq.gov.

- **At least eight hours of volunteer activity per year.**
  - All hours are tracked by the Albuquerque CERT Program Coordinator.

All forms must be signed, where appropriate, and may be returned to Albuquerque CERT office either electronically, by mail or by fax.

Office: Albuquerque CERT
Attn: Seth Muller
APD Office of Emergency Management
11510 Sunset Gardens SW
Albuquerque, NM 87121
Phone: 505-831-7914
FAX: 505-831-7906
Email: smuller@cabq.gov

City of Albuquerque

HUMAN RESOURCES

Background Investigation Waiver and Release Form

In connection with my application to be a volunteer with the City of Albuquerque, hereby known as "Albuquerque CERT" I understand that investigative reports may be requested that will include information as to my performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, private insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information. A photocopy of this Designation and Authorization for Release and Disclosure of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Hiring Entity and is received within one year of the signature date,

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate as a volunteer.
I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the City of Albuquerque, the Agency and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

If I am denied acceptance, either wholly or partly because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. If the report contains information about me that is matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and addressed of any person to whom the information is reported.

_____ _____
Applicant Signature Date

_____ _____ _____
Parent/Guardian Signature (If under 18) Relationship Date

APPLICANT INFORMATION – Please complete ALL blanks

_____ _____ _____ _____-_____-_____
Last Name **First Name** **Full Middle Name** **Social Security Number**

_____
Maiden Name **Other Names, Nicknames or Aliases used** **Date of Birth (Month/Day/Year)**

_____ _____
Present Address **Number/Street/Quadrant** **City** **State** **Zip Code** **How Long**

_____ _____ _____ _____ _____
Previous Address (Within last 7 years) Number/Street/Quadrant **City** **State** **Zip Code** **How Long**

_____ _____ _____ **Operator __ Commercial (CDL) __**
Driver's License Number **State Issued** **Expiration Date**

City of Albuquerque Information:

Department: _____ **Department No:** _____ **Position Applying for:** _____

Requested by: _____ **Job Title:** _____

ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM
WAIVER & RELEASE OF LIABILITY AGREEMENT

I, _____ hereby willingly volunteer myself and my time to participate in the City of Albuquerque Community Emergency Response Team (CERT) program.

RELEASE FROM LIABILITY. I hereby agree to release and discharge the City of Albuquerque, the Albuquerque Office of Emergency Management, the City of Albuquerque Police Department, the City of Albuquerque Fire Department, the Albuquerque Citizens Corps Council, and their agents and personnel, from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in Albuquerque CERT activities, even if caused by negligence or other fault of the above-mentioned agencies.

COVENANT NOT TO SUE. I further agree that I WILL NOT SUE OR MAKE CLAIM against the City of Albuquerque, the City of Albuquerque Office of Emergency Management, the City of Albuquerque Police Department, the City of Albuquerque Fire Department, the Albuquerque Citizens Corps Council, and their agents and personnel for damages or other losses sustained as a result of my participation in the City of Albuquerque CERT activities.

INDEMNIFICATION AND HOLD HARMLESS. I also agree to INDEMNIFY AND HOLD the City of Albuquerque, the City of Albuquerque Office of Emergency Management, the City of Albuquerque Police Department, the City of Albuquerque Fire Department, the Albuquerque Citizens Corps Council, and their agents and personnel HARMLESS from all claims, judgment and costs, including but not limited to attorneys' fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of my participation in the City of Albuquerque CERT activities.

ASSUMPTION OF THE RISK. I understand and acknowledge that the City of Albuquerque CERT activities are inherently dangerous and that participation will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I EXPRESSLY AND VOLUNTARILY ASSUME THE RISK OF DEATH OR OTHER PERSONAL INJURY SUSTAINED WHILE PARTICIPATION IN CERT ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT of the City of Albuquerque, the City of Albuquerque Office of Emergency Management, the City of Albuquerque Police Department, the City of Albuquerque Fire Department, the Albuquerque Citizens Corps Council, and their agents and personnel including but not limited to equipment malfunction from whatever cause, inadequate training, or any other fault of the above-mentioned agencies.

_____ _____

Signature: **Date:**

Emergency Contact Name: **Emergency Contact Number:**

_____ _____

ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM
MEMBER INFORMATION FORM

PLEASE PRINT LEGIBLY

- BY COMPLETING THIS INFORMATION AND SIGNING THIS FORM, YOU ARE HELPING ALBUQUERQUE CERT TAKE THE HIGHEST PRIORITY IN THE HEALTH, SAFETY AND POTENTIAL OF ITS VOLUNTEER MEMBERS
- THIS INFORMATION WILL HELP ENSURE THAT YOU ARE NOT PLACED IN A POSITION THAT MAY CAUSE YOU INJURY AND TO ASSIST IN YOUR CARE IN THE EVENT OF A HEALTH CRISIS.

YOUR COOPERATION IS APPRECIATED

I. **First Name:**_____**Middle Initial:**_____**Last Name:** _____

Address: _____

City: _____**State:**_____**Zip Code:** _____

City Quadrant (NE, SE, SW, NW): **Sex: F M (circle one)**

Home Phone:_____**Cell Phone:**_____**Work Phone:**_____**Extension:** _____

Pager:_____**Fax:**_____**Email:** _____

Please circle your Primary Contact phone number – ***Cell, Home, Work*** **Secondary Number –** ***Cell, Home, Work***

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Address: _____

Are You Willing To Be Activated In Times Of Emergency? ☐ **Yes** ☐ **No**

Are You Available 24/7? ☐ **Yes** ☐ **No**

If No, When Are You Available? ☐ **Just Days** ☐ **Just Nights** ☐ **Weekdays Only** ☐ **Weekends Only**

Would You Limit Your Response To Certain Areas: ☐ **Albuquerque Only** ☐ **East Mountain Only** ☐ **No, Both Areas**

If Activated, Are You Available For Multiple Days: ☐ **Yes** ☐ **No**

Date Basic CERT Class Completed (mm/dd/yyyy): _____

Cert Badge Id Number: 2378-_____

II. **Driver's License Number:** _____ **State:** _____

(Check One) ☐ **Operators License** ☐ **Commercial Driver's License (Class:)**

License Restrictions: _____ **Expiration Date (mm/dd/yyyy):**_____

City Operator Permit Number: _____ **Expiration Date (mm/dd/yyyy):**_____

Current Vehicle (Make, Model, Year): _____

Vehicle License Plate Number: _____ **State:** _____

III. **Primary Care Physician:** _____ **Phone #:**_____

Are You In Good Health At The Present Time, To The Best Of Your Knowledge? ☐ **Yes** ☐ **No** **Blood Type:** _____

Are You Currently under a Doctor's Care? ☐ **Yes** ☐ **No** **If Yes, Explain:** _____

_____

Privacy Statement: The City of Albuquerque requests this personal information for purposes of conducting Albuquerque CERT City business. Albuquerque CERT does not share this personal information except as listed in the attached *NOTICE OF PRIVACY PRACTICES*

ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM
MEMBER INFORMATION FORM

PLEASE PRINT LEGIBLY

CAN YOU? **Check Yes if you are able to do the following or No if you are unable; Please explain any limitations. Use separate sheet of paper if necessary**

- ☐ Yes ☐ No Bend and stoop
- ☐ Yes ☐ No Climb two or more flights of stairs
- ☐ Yes ☐ No Drive in daylight
- ☐ Yes ☐ No Drive at night
- ☐ Yes ☐ No Lift and carry 20 pounds
- ☐ Yes ☐ No Lift and carry 50 pounds
- ☐ Yes ☐ No Sit for long periods
- ☐ Yes ☐ No Stand for long periods
- ☐ Yes ☐ No Tolerate areas with mold and mildew
- ☐ Yes ☐ No Tolerate exposure to mass casualties/death
- ☐ Yes ☐ No Tolerate extreme cold
- ☐ Yes ☐ No Tolerate heat and humidity
- ☐ Yes ☐ No Tolerate smoke or poor air quality
- ☐ Yes ☐ No Walk on uneven terrain
- ☐ Yes ☐ No Walk a mile
- ☐ Yes ☐ No Work long shifts/weekends

DO YOU? **Check Yes if you require any of the following or No if not; Please explain any accommodations requested. Use separate sheet of paper if necessary**

- ☐ Yes ☐ No Require access to specialized medical care
- ☐ Yes ☐ No Require air conditioning
- ☐ Yes ☐ No Require special food items/diet

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IV. Have you had any of the following conditions/problems in the last 24 months?

*****THIS INFORMATION WILL HELP ENSURE THAT YOU ARE NOT PLACED IN A POSITION THAT MAY CAUSE YOU INJURY AND TO ASSIST IN YOUR CARE IN THE EVENT OF A HEALTH CRISIS*****

Check Yes if you have experienced any of the following or No if not

If Yes, please briefly explain the condition/problem.

☐ **Yes** ☐ **No** **Alcohol/Drugs**

☐ **Yes** ☐ **No** **Anxiety/PTSD/Bipolar Disorder**

☐ **Yes** ☐ **No** **Asthma/COPD/Emphysema**

☐ **Yes** ☐ **No** **Back/Joint/Bone Problems**

☐ **Yes** ☐ **No** **Bleeding Disorders**

☐ **Yes** ☐ **No** **Stomach/Intestine/Hernia**

☐ **Yes** ☐ **No** **Diabetes**

☐ **Yes** ☐ **No** **Stroke/CVA/TIA**

☐ **Yes** ☐ **No** **Hearing Problems/Hearing Aids**

☐ **Yes** ☐ **No** **Heart Attack/Heart Disease/Pacemaker**

☐ **Yes** ☐ **No** **Immune System Problems**

☐ **Yes** ☐ **No** **Migraines/Headaches**

☐ **Yes** ☐ **No** **Mobility Issues**

☐ **Yes** ☐ **No** **Seizures**

☐ **Yes** ☐ **No** **Skin Problems/Breaks In Skin/Lesions**

☐ **Yes** ☐ **No** **High Blood Pressure**

☐ **Yes** ☐ **No** **Vision Problems Glasses/Contacts**

☐ **Yes** ☐ **No** **Other, Specify**

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ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM
MEMBER INFORMATION FORM

PLEASE PRINT LEGIBLY

V. MEDICATIONS YOU ARE CURRENTLY TAKING (Prescription, Over The Counter, Vitamins, Herbs, etc.)

NAME	DOSE	PRESCRIBING PROVIDER

PLEASE USE BACK OF FORM IF NECESSARY TO LIST MEDICATIONS

VI. ALLERGIES (Food, Medication, Insect, Dust, Hay Fever, Latex, etc.)

ALLERGY TYPE	WHAT HAPPENED?

VII. YOUR SKILLS: (EXAMPLES Planning, Logistics, Operations, Finance, Radio, Transportation, Medical, etc.)

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ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM
MEMBER INFORMATION FORM

PLEASE PRINT LEGIBLY

VIII. OTHER ORGANIZATIONAL AFFILIATIONS:

_____

_____

_____

_____

_____

I understand that health insurance is not required and I will be financially responsible for all my health care expenses.

In signing below, I give permission for CERT staff or designee to contact my health care provider in case of an emergency.

Carefully review the attached NOTICE OF PRIVACY PRACTICES.

Signature of CERT Member: _____

Print Name: _____

Date: _____

"ALBUQUERQUE CERT STRIVES TO PROVIDE EACH MEMBER A WORTHWHILE VOLUNTEER EXPERIENCE WHILE UTILIZING THEM AND THEIR ABILITIES TO THEIR FULLEST POTENTIAL"

TO BE COMPLETED BY CERT STAFF UPON REVIEW:

SIGNATURE CERT Program Coordinator: _____

Print Name: _____

Date: _____

BACKGROUND CHECK ON FILE: ☐ **YES** ☐ **NO** **DATE:**

Entered into CERT database (date): **Initials:**

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ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM
MEMBER INFORMATION FORM

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Albuquerque Community Emergency Response Team (CERT) is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information:

Treatment
We may disclose your health care information to other healthcare professionals (i.e. your Primary Care Physician or an Emergency Room Physician), with permission and as necessary, for the purpose of your treatment and care.

It is our policy to provide a substitute health care provider, authorized by the City of Albuquerque to provide assessment and/or treatment of our members without advanced notice only in the event that your primary health care provider is absent due to vacation, sickness, or other emergency situation.

Workers' Compensation
We may disclose your health information, with permission and as necessary, to comply with State Workers' Compensation Laws.

Emergencies
We may disclose your health information, with permission and as necessary, to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health
As required by law, we may disclose your health information to public health authorities, with permission and as necessary, for purposes related to: preventing or controlling disease, injury, or disability; reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings
We may disclose your health information, with permission and as necessary, in the course of any administrative or judicial proceeding.

Law Enforcement
We may disclose your health information to a law enforcement official, with permission and as necessary, for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons
We may disclose your health information, with permission and as necessary, to coroners or medical examiners.

Public Safety
We may disclose your health information, with permission and as necessary, to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the public.

Specialized Government Agencies
We may disclose your health information, with permission and as necessary, for military, national security, prisoner, and government benefits purposes.

Marketing
As a matter of program communications, we may call your primary number in the event of Albuquerque CERT activation. If you are not at available, we leave a message and call your secondary number. No personal information will be disclosed during this recording or message as the only request will be to return the initial call for notice of activation.

ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM
MEMBER INFORMATION FORM

PLEASE PRINT LEGIBLY

Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Albuquerque CERT is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Albuquerque CERT amend your protected health information. Please be advised, however, that Albuquerque CERT is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of the denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Albuquerque CERT
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Albuquerque CERT reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Albuquerque CERT is required by law to comply with this Notice. Albuquerque CERT is also required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

If you have questions about any part of this notice or if you want more information about your privacy rights, contact: Seth Muller, Albuquerque CERT Program Coordinator 505-831-7914 or smuller@cabq.gov

Complaints

Complaints concerning your Privacy or how Albuquerque CERT handled your health information should be directed to the Albuquerque Police Department Office of Emergency Management Director, 505-833-7381.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint:

DHHS
Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of 10 November 2012.

I have read the Notice of Privacy Practices and understand my rights contained in the notice.

By way of my signature, I provide Albuquerque CERT with my authorization and consent to use and disclose my protected health care information with permission and as necessary for the purposes described in the Notice of Privacy Practices and only those purposes.

CERT Member Name (print): _____

CERT Member Signature: _____ **Date:** _____

Albuquerque CERT Program Coordinator: _____

Program Coordinator Signature: _____ **Date:** _____

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