

*Albuquerque*  
citizen  corps  
*Council*

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**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:

- ❑ **Register and complete profile data on the New Mexico Medical Reserve Corps website:** <https://volunteer.nmmrcserves.org>
- ❑ **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.
- ❑ **Parental Waiver for Minor**
  - This form will be kept on file with City of Albuquerque CERT.
- ❑ **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 [nzubel@cabq.gov](mailto:nzubel@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: CERT Program Coordinator  
APD Office of Emergency Management  
11510 Sunset Gardens SW Albuquerque, NM 87121  
Phone: (505) 244-8654  
FAX: (505) 352-8934  
Email: [nzubel@cabq.gov](mailto:nzubel@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**

<b>Last Name</b>	<b>First Name</b>	<b>Full Middle Name</b>	<b>Social Security Number</b>		
<b>Maiden Name</b>		<b>Other Names, Nicknames or Aliases used</b>		<b>Date of Birth (Month/Day/Year)</b>	
<b>Present Address</b>	<b>Number/Street/Quadrant</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>How Long</b>
<b>Previous Address (Within last 7 years)</b>	<b>Number/Street/Quadrant</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>How Long</b>
<b>Driver's License Number</b>	<b>State Issued</b>	<b>Expiration Date</b>	<b>Operator</b> <input type="checkbox"/> <b>Commercial (CDL)</b> <input type="checkbox"/>		

**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 City of Albuquerque Office of Emergency Management (OEM) , 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 the City of 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:** \_\_\_\_\_  
**Sex:** F M (circle one)  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Extension:** \_\_\_\_\_  
**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  
**If Activated, Are You Available For Multiple Days:**     Yes     No

**Date Basic CERT Class Completed (mm/dd/yyyy):** \_\_\_\_\_  
**Cert Badge Id Number: 2018-** \_\_\_\_\_

**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:** \_\_\_\_\_  
\_\_\_\_\_

**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**

**ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM  
MEMBER INFORMATION FORM**

**PLEASE PRINT LEGIBLY**

**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**
-



**ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM  
MEMBER INFORMATION FORM**

**PLEASE PRINT LEGIBLY**

**VIII. OTHER ORGANIZATIONAL AFFILIATIONS:**

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**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:**

**ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM  
MEMBER INFORMATION FORM**

**PLEASE PRINT LEGIBLY**

**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 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: Fred Hogan, Albuquerque CERT Program Coordinator 505-244-8654 or [nzubel@cabq.gov](mailto:nzubel@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, Roger Ebner, at 505-244-8650.

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 01 March 2017.**

**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:** \_\_\_\_\_



# Waiver for Minors

under 18 years old

**NOTE: Children from the same family may be listed on one waiver**

**Minor Waiver of Liability for Participation in CERT Basic Training**

I acknowledge that \_\_\_\_\_(name of minor) has voluntarily agreed to participate in the City of Albuquerque's "Community Emergency Response Team (CERT) Basic Training classes and hands on exercise," which are scheduled to take place on dates and at locations listed in the attached schedule. As minor's parent or guardian, I am aware that there are certain risks associated with participating in the training classes and hands on exercise, including but not limited to risk of physical injury, personal property damage, physical exertion, and outdoor exposure. In acknowledging these risks and in consideration for participating in the training classes and hands on exercise, I, the parent or guardian of minor, intending to be legally bound, do hereby for minor, myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Albuquerque, its employees, officers, officials, representatives, independent contractors, or volunteers for any and all claims of personal injuries (including death), damages, or property damage that may occur as a result of participating in the training classes and the hands on exercise, even though the liability may arise out of the active or passive negligence on the part of the persons or entities mentioned above. Further, I will assume any medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring from minor's participation in the training classes and the hands on exercise.

I also understand that photographs or videos may be taken of minor during minor's participation in the hands on exercise and that these photographs may be used by the City of Albuquerque for the purpose of promoting this exercise. I hereby consent to use of any photographs or video taken of minor during the training classes and the exercise.

Parent/Guardian's Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

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

Phone (best to contact): \_\_\_\_\_

Relation to volunteer: \_\_\_\_\_

## ALBUQUERQUE CERT TRAINING SCHEDULE – FALL 2019

TO REGISTER: <https://www.eventbrite.com/e/fall-2019-cert-basic-training-tickets-62733017143>

Space is limited to persons who live or work in Albuquerque; however, anyone needing to make up a class is welcome.

Location for most classes: City of Albuquerque Emergency Operations Center (EOC) Building, 11510 Sunset Gardens SW, Albuquerque, NM 87121

Final Class Location: TBD

UNIT	TIME/DATE	TOPICS
1	6:00 PM – 9:00 PM, Wednesday, September 11, 2019	<b>Introduction and All-Hazard Disaster Preparedness</b> Overview of CERT program. Learn how to prepare for any disaster and what safety actions to take during a disaster. Included is how CERT works in Albuquerque. <b>Unit 0: Introduction, Unit 1: Personal Preparedness</b>
2	6:00 PM – 9:00 PM, Wednesday, September 18, 2019	<b>Fire Safety &amp; Utility Control</b> Learn about different categories of fire and how to use a fire extinguisher. Also included is how to shut off gas and electricity, and identify a Hazardous Materials Spill or Leak and respond safely. <b>Unit 2: Fire Safety</b> Hands-On Exercises – Please dress appropriately for outdoor activity.
3	6:00 PM – 9:00 PM, Wednesday, September 25, 2019	<b>Disaster Medical Operations, Part 1</b> Principles of triage and how to conduct triage evaluations. How to recognize and treat an airway obstruction, bleeding and shock. Public Health considerations. Setting up a Disaster Medical Treatment Area. Patient evaluation (head-to-toe assessment). <b>Unit 3: Disaster Medical Operations</b> Hands-On Exercises – Please dress appropriately for activity on the floor.
4	6:00 PM – 9:00 PM, Wednesday, October 2, 2019	<b>Disaster Medical Operations, Part 2</b> Public Health considerations. Setting up a Disaster Medical Treatment Area. Patient evaluation (head-to-toe assessment); and basic treatment of burns, how to clean and bandage wounds, treat hypothermia; and control nasal bleeding. Treat fractures, dislocations, sprains and strains; apply splints to hands, arms and legs. <b>Unit 4: Disaster Medical Operations</b> Hands-On Exercises – Please dress appropriately for activity on the floor.
5	6:00 PM – 9:00 PM, Wednesday, October 9, 2019	<b>Light Search and Rescue</b> How to look for damage in different types of construction; how to classify damaged buildings; building marking system; how to safely conduct interior searching; how to lift victims and use extrication devices for victims. <b>Unit 5: Light Search and Rescue</b> Hands-On Exercises – Please dress appropriately for activity on the floor.
6	6:00 PM – 9:00 PM, Wednesday, October 16, 2019	<b>CERT Organization, Disaster Psychology and Terrorism and CERT</b> Using the Incident Command System to manage a disaster; how CERT works in Albuquerque. CERT protocols for terrorist incidents. Also the emotional impact of disaster response. <b>Unit 6: CERT Organization, Unit 7: Disaster Psychology, Unit 8: Terrorism and CERT</b>
7	9:00 AM – 12:00 PM, Saturday, October 26, 2019	<b>Course Review and Disaster Simulation</b>