

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:

- ❑ **On-line CERT Volunteer Application**
 - https://cabq.galaxydigital.com/need/detail/?need_id=489784
- ❑ **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 the City of Albuquerque CERT.
- ❑ **On-line FEMA course**
 - IS 317
 - <https://training.fema.gov/is/courseoverview.aspx?code=IS-317>

Upon completion, forward the completion notification e-mail from FEMA to 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

**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:** _____

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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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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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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.

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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: Nick Zubel, Albuquerque CERT Program Coordinator 505-244-8654 or 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: _____