

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:

- ❑ **Handling of Confidential Information Agreement Form**
 - This form will be kept on file with the City of Albuquerque CERT.
- ❑ **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.
- ❑ **Volunteer Waiver Release Form**
 - This form will be kept on file with the 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 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



Human Resources Department HANDLING OF CONFIDENTIAL INFORMATION AGREEMENT

I, _____, understand that I am required to maintain the confidentiality of all information within the Department which I am assigned to. This includes any and all information considered confidential within the Department, which includes, but is not limited to, all information within all the Employment Databases, e.g. Peoplesoft, all systems within Lotus Notes, the Personnel Action and Release System (PARS), the Application Database, NEOGOV and all confidential documents to which I have been granted access. I, by my signature below, agree that all confidential aspects of these databases and documents shall be held in complete confidence. I further agree, as attested by my signature below, that I will not discuss matters or information deemed confidential, and any process or materials reviewed which are also deemed confidential with any unauthorized person.

I further understand that willfully or unintentionally providing any unauthorized person with confidential information could result in disciplinary action.

I agree to take every precaution to maintain the security, confidentiality, and integrity of all information and materials reviewed and/or discussed. I agree that I will not take, copy, or in any other way transmit confidential information to unauthorized parties or persons. I also agree to report to the Director of Human Resources, in writing, as soon as I become aware of any situation in which I may have a conflict or where an appearance of impropriety may exist.

I understand and agree to the terms set forth in this agreement.

Name

Date

Witness

Date



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

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

City of Albuquerque Information:

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

Requested by: _____ Job Title: _____



City of Albuquerque

Volunteer and Intern Contract/Release

I, _____, understand the responsibilities of becoming an Albuquerque volunteer/intern. I am willing to enter into an agreement with the City of Albuquerque, and commit to donating the minimum number of hours required by the City department or program for which I am volunteering. If selected for the volunteer program, I will be provided with on-the-job training while I am an **active** volunteer.

I agree that I shall be responsible for any injuries or damage incurred by me while performing volunteer services for the City of Albuquerque. The City will, however, be responsible if I am injured and the injury is caused by the sole negligence of the City or its employees. I agree that I will consult with my physician and insure I am physically able to perform the duties required of me, and that any inoculations recommended are maintained in a current status.

I understand that the City will hold me responsible for any damage to property of the City or property belonging to third parties if the damage is caused by my negligent conduct. Likewise, I understand that the City will hold me responsible for all injuries sustained by persons when the injury is caused by my negligent conduct. I understand and agree that I shall be expected to pay for damages or injuries caused by my negligence.

I understand that I am required to follow all rules and regulations for the department where I am engaged in volunteer work, and I am subject to all rules and regulations of the City, including, but not limited to, the City's Personnel Rules and Regulations, policies, and Administrative Instructions. I also agree to follow the directions and commands given to me by my supervisor and any City personnel. I understand the purpose of this to protect myself and the integrity of investigations possibly being conducted around me. I understand failure to do so could result in my immediate termination from the program and/or criminal and/or civil prosecution.

I understand that this volunteer/intern contract may be terminated at any time by either myself or the City of Albuquerque without cause. In such event, any programs and educational materials that I have developed will remain the property of the City.

I understand that a background check will be conducted to evaluate my suitability for volunteering with City departments. To maintain the integrity of the City of Albuquerque's background check system, I will notify my supervisor or City personnel to whom I am assigned through my volunteer position if I am arrested or charged with any crime before my next volunteer shift.

I understand and agree to the terms set forth in this Agreement. I further agree the terms of this Agreement will survive the end of my volunteer service with the City of Albuquerque.

Signature

Date

Parent/ Guardian Signature

Date

**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

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.)

**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:**

**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**

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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.

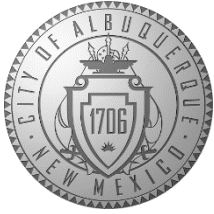
By way of my signature, I provide Albuquerque CERT with my authorization and consent to use and disclose my protected health care information with permission and as necessary for the purposes described in the Notice of Privacy Practices and only those purposes.

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: _____