



# CERT Training Application

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with the processing of your application. Please print in ink. Applications should be returned to the Aurora Emergency Management Agency, 1200 E. Indian Trail, Aurora, IL 60505-1896.  
630-256-5800

\*Name: \_\_\_\_\_  
First Middle Last

\*Address: \_\_\_\_\_  
Street City State Zip Code

How long have you lived at present address? \_\_\_\_\_  
Years: Months:

Previous Address (if less than five years at present address)  
\_\_\_\_\_  
Street City State Zip Code

\*Telephone Number: \_\_\_\_\_  
Home Work Other

\*E-Mail Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_ - -

\*Illinois Driver's License Number: \_\_\_\_\_  
Class Number

\*In case of emergency, please notify:

\_\_\_\_\_  
Name Address City/State/Zip Phone Relationship

\*Personal References (Please list the names of three persons, not related to you, whom you have known for at least one year)

1. \_\_\_\_\_  
Name Address City/State/Zip Phone Number

2. \_\_\_\_\_  
Name Address City/State/Zip Phone Number

3. \_\_\_\_\_  
Name Address City/State/Zip Phone Number



**City of Aurora, Illinois**

**\*CERT Program Participant Release & Waiver - (I am NOT a City of Aurora employee)**

In connection with my participation in the Community Emergency Response Team (CERT) training conducted by the City of Aurora Emergency Management Agency, I, **PRINT NAME** \_\_\_\_\_, hereby release and discharge the City of Aurora, its agents, officers, officials, employees, and representatives from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have or which my heirs, executors, administrators or assigns may have or claim to have against the City of Aurora, its agents, officers, officials, employees, and representatives for all personal injuries and property damage known and unknown, caused by or arising out of my participation in the CERT training.

I further waive any claim to compensation or indemnification from the City of Aurora for or arising out of my participation in the CERT training. **I understand and acknowledge that I am engaging in this training voluntarily, at my own request and risk and that I am not a City of Aurora Employee, agent, official, officer or representative and am not entitled to any compensation, benefit or insurance coverage from the City, nor will I claim any from the City.** I further acknowledge that I am familiar with the requirements of this training activity and am capable to perform same and that I will perform the service required in compliance with the standards and specifications established, or approved, by the City of Aurora Emergency Management Agency, and will honor the direction of city officials to suspend or terminate my training if necessary in the event of injury or illness while participating in the CERT training for the City of Aurora Emergency Management Agency. I hereby consent to emergency transportation and medical treatment necessary in the event of injury or illness while participating in the CERT training for the City of Aurora Emergency Management Agency. I hereby accept full responsibility for the payment of any emergency transportation and treatment expenses and any subsequent medical bills.

I have read this release and waiver of liability and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

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

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**City of Aurora, Illinois**

**\*CERT Program Participant Release & Waiver - (I AM a City of Aurora Employee)**

In connection with my participation in the Community Emergency Response Team (CERT) training conducted by the City of Aurora Emergency Management Agency, I, **PRINT NAME** \_\_\_\_\_, hereby release and discharge the City of Aurora, its agents, officers, officials, employees, and representatives from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have or which my heirs, executors, administrators or assigns may have or claim to have against the City of Aurora, its agents, officers, officials, employees, and representatives for all personal injuries and property damage known and unknown, caused by or arising out of my participation in the CERT training.

I further waive any claim to compensation or indemnification from the City of Aurora for or arising out of my participation in the CERT training. **I understand and acknowledge that I am engaging in this training voluntarily, not as part of any job requirement as a City of Aurora employee, at my own request and risk and that I am not entitled to any monetary compensation, nor will I claim any from the City.** I further acknowledge that I am familiar with the requirements of this training activity and am capable to perform same and that I will perform the service required in compliance with the standards and specifications established, or approved, by the City of Aurora Emergency Management Agency, and will honor the direction of city officials to suspend or terminate my training if necessary in the event of injury or illness while participating in the CERT training for the City of Aurora Emergency Management Agency. I hereby consent to emergency transportation and medical treatment necessary in the event of injury or illness while participating in the CERT training for the City of Aurora Emergency Management Agency. I hereby accept full responsibility for the payment of any emergency transportation and treatment expenses and any subsequent medical bills through my group health insurance.

I have read this release and waiver of liability and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

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

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

# \*Authorization for Release of Personal Information

I, \_\_\_\_\_ Do hereby authorize a review of and full disclosure of all records concerning me to any duly authorized agent or attorney for the Aurora Emergency Management Agency, the City of Aurora, or any of its agencies or departments, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions; medical or psychiatric treatment and/or consultation, including hospitals, clinics, and private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for CERT program participation/training by any duly authorized agent or attorney for the Aurora Emergency Management Agency, the City of Aurora, or any of its agencies or departments. I also certify that any person (s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person (s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - -

WITNESS: \_\_\_\_\_