



## DEKALB COUNTY EMERGENCY MANAGEMENT AGENCY

*William Z. Miller, EMA Director*

1960 West Exchange Place Tucker, Georgia 30084

Dear CERT Course Applicant,

Please complete the forms in this application packet and return to me as soon as possible. ***You must supply an original current*** (less than 90 days old) ***criminal history background check and all attached sheets***. A list of agencies that do these checks is included. Applicants who have a criminal history of any type of theft, drug offense, violence, crime against a child, or felony conviction will not be accepted into the CERT course.

You are required to sign the Liability and Indemnification Agreement / Photo Release form that is in the application packet and have it notarized. **If you don't have access to a notary I am able to perform that service for you the first night of class.**

Be sure to answer every question on the application. Once I have received your packet, it will be reviewed. If the application is in order and complete, you will be notified when you are scheduled for the next CERT course. Your acceptance letter/e-mail will include the date and time for the class, a map to the training location, and a list of what you should bring to class. If any part of your application is not complete you will be notified as to what is needed. You will not be placed on a class roster until your application packet is complete, unless you have notified me in reference to needing your form notarized.

If you have any questions, don't hesitate to e-mail or call me at [raswanson@dekalbcountyga.gov](mailto:raswanson@dekalbcountyga.gov) or 678-406-7858.

Sincerely,

Robert Swanson-Emergency Management Specialist  
GA-CEM  
DeKalb County Emergency Management Agency

**DeKalb County Emergency Management Agency  
Community Emergency Response Team (CERT) Course 2012**

Check the box of the class that you would like to register for. Class Times are 7:00-9:30PM

Thursdays: January 26 – March 22

Tuesdays: April 24 – June 19

Thursdays: August 2 – September 27    Drill for all three classes: October 13

**Please Print Clearly:**

**Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Do you: live \_\_\_\_\_ or work \_\_\_\_\_ in DeKalb County?**

**Telephone (Day):**

**(Evening):**

**Email:**

**T-Shirt Size:**

Please return this form (one registration per form, please) to:

***DeKalb County EMA  
ATTN: Robert Swanson  
1950 W. Exchange Place  
Tucker, GA 30084***

**[raswanson@dekalbcountyga.gov](mailto:raswanson@dekalbcountyga.gov)**

**List any experience you have had in disaster training and/or exercises:**

**DeKalb County**  
**Emergency Management Agency**  
Release from Liability and Indemnification Agreement

I, \_\_\_\_\_ (print name), (hereinafter "Volunteer") have entered into an agreement with DeKalb County, by which I have voluntarily agreed to participate.

**1. Voluntary Participation.** I am not an employee of DeKalb County, for which I will be performing voluntary services. I will assume liability for any bodily or personal injury received as a result of performing the voluntary services. I further agree that, if I suffer any bodily or personal injury or illness arising out of, and in the course of, performing the voluntary services, I will not be entitled to recover any workers' compensation benefits.

**2. Release.** I hereby agree that I, my assignees, heirs, distributees, guardians and/or legal representatives will not make a claim or institute any proceeding against, sue or attach property of DeKalb County on account of injury, illness or damages resulting from negligence or other acts, howsoever caused, by any employee, agent or contractor of DeKalb County as a result of my participation in the volunteer service. I hereby release DeKalb County from all actions, claims or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, illness or damages from my participation in the volunteer service.

**3. Indemnification.** I hereby agree to assume responsibility and liability for any damage, loss, or injury, including death, of any kind or nature whatever to person or property, including employees and property of DeKalb County, caused by or resulting from any error, or omission of the Volunteer, or the negligent act of the Volunteer or its subcontractors or any of their officers, agents, servants, or employees, arising from the performance of the work under this Agreement. The Volunteer shall defend, indemnify, and hold harmless DeKalb County and all of its officers, agents, servants, or employees from and against any and all claims, loss, damage, charge, or expense to which they or any of them may be put or subjected by reason of any such damage, loss, or injury. The Volunteer expressly agrees to defend against any claims brought or actions filed against the County, where such claim or action involves, in whole or in part, the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed.

**4. Knowing and Voluntary Execution.** I have read this release and indemnification agreement and fully understand its contents. I am aware that this is a release of liability and indemnification agreement, that it is a contract between DeKalb County and me and I am signing it of my own free will.

**PHOTO RELEASE**

Permission is granted to DeKalb County, any or all of its behalf, to photograph or videotape \_\_\_\_\_ (print name) for purposes of publicity, public relations, advertising, newsletters and the like. The photographs are discharged and released from any and all claims arising out of the use of photos or videotapes or any rights I may have to the tape. I understand that all photographs or videos of me are subject to disclosure under the Georgia Open Records Act, O.C.G.A. § 50-18-70, et seq.

I have read the above statement and allow myself to be photographed.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Notary Public

My Commission Expires On:

**DEKALB COUNTY EMA**  
**EMERGENCY INFORMATION**

*All of the following information is kept strictly confidential. It is only used in case of an emergency.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

*Medical Information:*

Medications Currently Taking (name & dosage): \_\_\_\_\_

\_\_\_\_\_

Allergies (food, medications, insects, plants, etc.):

\_\_\_\_\_

Medical History:

\_\_\_\_\_

Physical Limitations:

\_\_\_\_\_

*Emergency Contact: (please list 2)*

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

**DEKALB COUNTY EMA  
CERT QUESTIONNAIRE**

The information on this sheet is used to enable us to compile statistical data for yearly reports.

Occupation: \_\_\_\_\_

How did you hear about the CERT Course?

\_\_\_\_\_

Why do you want to attend the CERT Course?

\_\_\_\_\_

Age Group: circle one

18-25

26-35

36-45

46-55

56-60

60+

Do you currently volunteer with an organization?    YES            NO

Which one? \_\_\_\_\_

Are you interested in volunteering with the DeKalb County Fire Rescue Reserve (Volunteer)

Program, administered by DEMA?    YES            NO            MAYBE

**BACKGROUND CHECK**  
**INFORMATION**

**Agnes Scott College**  
137 S. McDonough St.  
404-471-6355  
Contact: Lynette Duffy  
Cost: \$10.00 Cash only  
Hours: 8:30-4:30 p.m. (M-F)  
Picture ID  
Same day service if there by 4:00 p.m.

**Chamblee Police**  
3518 Broad St.  
Doraville GA  
770-986-1068  
Cost: \$5.00 (Cash only)  
Hours: 8:00-6:00 p.m. (M-F)  
Picture ID  
Same day service

**Clarkston Police**  
3921 Church St.  
Clarkston, GA, 30021  
404-292-9465  
Contact: Susie  
Cost: \$15.00 Cash or Credit Card. (no checks)  
Hours: 9:00 4:30 p.m. (M-F)  
Picture ID  
Same day service

**Decatur Police**  
Done only for City of Decatur residents.

**DeKalb Police**  
1960 W. Exchange PI  
Tucker, GA, 30084  
770-724-7740  
Cost: \$20.00 Cash only  
Hours: 8:00- 5:00 p.m. (M-F)  
Picture ID  
Same day service

**Doraville Police N/A**

**Emory Police**  
1784 N. Decatur Rd.  
Decatur, GA  
404-727-8005  
FREE only to Emory Community, will not provide service to general public.  
Hours: 8:00 5:00 p.m. (M-F)  
Picture ID (Georgia)  
Will mail to you – not same day service

**Lithonia Police**  
6980 Main St.  
Lithonia, GA (Wayfield plaza)  
770-482-8947  
Contact: Victoria  
Cost: \$15.00 (Cash exact amount)  
Hours: 8:00- 4:00 (M-Thurs.)  
1:00-4:00 p.m. (Fridays)  
Picture ID  
Same day service

**Pine Lake Police**  
459 Pine Dr.  
Pine Lake, GA  
404-292-4250  
Contact: Marcella Stone  
Cost: \$20.00 (Cash only)  
Five or more come in together (\$15.00)  
Hours: 8:00-4:30 p.m. (M-F)  
Picture ID  
Same day service

**Stone Mountain Police**  
922 Main St.  
Stone Mountain, GA 30083  
770-879-4980  
Contact: Jan  
Cost: \$20.00 (Cash or Money Orders Only)  
Hours: 9:00- 4:00 p.m. (M-F)  
Picture ID  
Same day service