



Chatham Emergency Management Agency Volunteer Application



Volunteer Contact Information

Name (Last, First, Middle): Date:

Address: City: Zip Code:

Home Phone: Cell Phone: Other:

Email: Alternate:

Please indicate your preferred method of contact:

Phone Call Text Message Email Other:

Employment Information

Employed Student Unemployed/Seeking Retired Other _____

Employer: Position Title:

I am permitted to leave my place of employment when called to respond to an emergency without penalty.*

During a large scale disaster or emergency, I may be required to report to work.* During a large scale disaster or emergency, I do not anticipate being required to work.*

* The answer to this question will not impact your ability to volunteer. This is just for information and planning purposes.

Emergency Contact Information

Primary Contact:

Name: Relationship:

Address: City: Zip Code:

Home Phone: Cell Phone: Other:

Email: Alternate:

Alternate Contact:

Name: Relationship:

Address: City: Zip Code:

Home Phone: Cell Phone: Other:

Email: Alternate:

I understand that it is my responsibility to inform the CEMA Volunteer Manager if my contact information or either of my emergency contact's information changes. Failure to report contact information changes could result in serious complications if you were injured while volunteering.



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Volunteer Interests and Skills

Please check all that you have experience in:

Please check all that you are interested in:

- Volunteer Management
- Public Speaking/Presenting
- Event Organization
- Project Management
- Media Interviews
- Call Centers
- Administrative Support
- Casework/ Social Services
- Social Media
- Design/Graphic Design
- Teaching/ Training Children
- Teaching/ Training Adults
- Training and Exercise Development
- Logistical Support
- Animal Rescue During Disasters
- Shelter Management
- Warehousing/Donations Management
- Search and Rescue
- Tracking
- Medical Reserve Corps
- Other

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- Other

Training and Certifications

Please list all related skills, training or certifications: (Example- Fluent in Spanish, ICS/NIMS trained, CERT trained, etc.)

Volunteer Time Commitment

I am available:

- | | | |
|---|---|---|
| <input type="checkbox"/> Mornings (Mon-Fri) | <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Evenings (Mon-Fri) |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Once a Week | <input type="checkbox"/> Once a Month |
| <input type="checkbox"/> As Needed | <input type="checkbox"/> When Called | <input type="checkbox"/> Other <input type="text"/> |

I am interested in the possibility of taking on a leadership position within the CEMA Volunteer Program.



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CHATHAM COUNTY EMERGENCY MANAGEMENT VOLUNTEER PROGRAM LIABILITY RELEASE FORM

By signing this Release, I acknowledge that I have read and understand the risks associated with this activity. **(Warning:** Individuals who do not wish to accept the risks described in this document, should not sign it). The undersigned participant in the Emergency Management Volunteer Program acknowledges and agrees as follows:

ACKNOWLEDGEMENT OF RISK

Participation in the Emergency Management Volunteer Program involves physical labor and carries a risk of personal injury. I recognize that there are natural and man-made hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I recognize that activities associated with this program may include transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care (e.g., controlling bleeding, treating shock, treating sprains and fractures, opening airways), performing light search and rescue activities and other similar activities.

PHYSICAL ACTIVITY

I understand that the physical activity involved in this program may cause physical and emotional discomfort. I am free from any serious health problems that could prevent me from participating in the activities associated with this program. I am sufficiently physically fit to participate in the activities of the program.

IMMUNITY

I recognize that the activities associated with this program fall within the general immunity from liability for emergency care pursuant to OCGA 51-1-29. I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury. If I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive.

RELEASE AND INDEMNIFICATION

I hereby assume all risk of injury or liability and waive any right of recovery from, or to bring suit against Chatham County and any other public or private entity involved with the Emergency Management Volunteer Program, together with all of their employees or agents, for any bodily injury, death, or other consequences arising out of my participation in this activity. I agree to indemnify, defend, and hold harmless the above listed entities and their agents or employees from all loss, costs, damage, injury, liability, claims, and causes of action whatsoever, arising out of or related to any act, error, or omission while participating in any aspect of this activity.

I HAVE READ THE ABOVE RELEASE AND CONSENT TO ITS PROVISIONS.

Volunteer Signature Block:

Print Name: Signature: Date:

CEMA Volunteer Manager:

Print Name: Signature: Date:



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HOLD HARMLESS/PERMISSION REQUEST

I, , hereby request permission to participate as a volunteer with the Emergency Management Volunteer Program. I understand that this participation will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage.

I agree to hold Chatham County, the Chatham Emergency Management Agency, and their agents and personnel, harmless from any and all claims, actions, suits, and/or injury that I may suffer and which may arise as a result of my participation.

I agree to follow the rules established by the CEMA Volunteer Manager and lead volunteers, and to exercise reasonable care while participating in the Emergency Management Volunteer Program. I understand that if I fail to follow the instructor's rules and regulations, or if I fail to exercise reasonable care, I can be administratively removed from participation.

By executing this release, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect answered to your satisfaction. I sign this release freely and voluntarily.

Volunteer Signature Block:

Print Name: Signature: Date:

CEMA Volunteer Manager:

Print Name: Signature: Date:



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CEMA Volunteer Code of Conduct

Each Emergency Management Volunteer serves as a CEMA representative to new members, to the public, and to those to whom we render our services. It is important to portray a positive image.

As an Emergency Management Program Volunteer, you are expected to comply with the following:

1. Dial 911 for all emergencies, first.
2. Do not self-deploy to local events (fires, accidents, etc.). Only respond when directly requested by CEMA. CEMA ALERT Messages (e-mail, Twitter, radio etc.) are not official instructions or authorization to respond.
3. Recognize that you are not a professional first responder. Your training is specific and only CEMA recognizes your skill sets for which you have been trained (i.e. fire safety, light search and rescue, disaster medical operations, damage assessment, etc.) It is your responsibility to stay within the scope of your training. For CERT Members, you have been trained under the curriculum of FEMA's Community Emergency Response Team guidelines. Confine your actions to those guidelines and stay within the scope of your training and certification.
4. Bring or wear your personal safety equipment: helmet (no baseball hats), vest, goggles, gloves (rubber/latex or leather), sturdy shoes, long pants, flashlight (with extra batteries), bottled water, non-perishable food, and (for CERT Members) a set of the CERT forms. Bring any other items you feel appropriate. Absolutely no shorts, sandals or open-toed shoes are allowed!
5. Confine your actions to your physical and resource limitations when responding as an Emergency Management Volunteer. Such limitations may be determined by, but not limited to, equipment available, physical abilities, knowledge, authority and hazards.
6. Conduct yourself with professionalism, dignity and pride. Be sure to act appropriately and responsibly at all times while assisting others.
7. Treat fellow team members, visitors, other volunteer program participants, guests, and property with respect and courtesy.
8. Be sensitive to the diversity of team members and those we assist.
9. Direct anyone who is looking for official statements from CEMA to a Citizen's Corps Executive Member or a CEMA Staff member.
10. Respect the privacy of persons served by the Emergency Management Volunteer Program and hold, in confidence, all sensitive, private, and personal information.
11. Keep Leadership informed of any progress, concerns, or problems with tasks which you have been assigned.
12. Partaking of alcohol while responding as an activated member of the Emergency Management Volunteer Program is never allowed; do not report for duty while under the influence of alcohol or drugs.



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13. You are forbidden to carry guns, knives with blades over 4", sticks or other weapons (You can have multipurpose tools, pliers, screwdrivers, wrenches, walking stick, etc.). You have been trained for immediate disaster response and there is no need, place or legal authorization for you to carry or use guns, knives, sticks or weapons. To do so will jeopardize your own safety and the continued existence of the Emergency Management Volunteer Program in Chatham County.
14. You shall not authorize the use of, or use for the benefit or advantage of any person, the name, emblem, endorsement, services or property of CEMA, nor any group under the Emergency Management Volunteer Program without the approval of the CEMA Volunteer Manager.
15. You shall not accept, or seek on behalf of any other person, any money or gifts as a result of your affiliation with the Emergency Management Volunteer Program.
16. You shall not use your participation in the Emergency Management Volunteer Program to promote partisan politics, religious matters or positions on any social or political issue.
17. You shall avoid inappropriate conduct, both on- and off-duty, that would jeopardize program effectiveness. Such behavior includes, but is not limited to, the following:
 - a. Offensive or profane language or gestures
 - b. Public criticism of an Emergency Management Volunteer member, its leaders or the Program
 - c. Jeopardizing another team member's safety

The Emergency Management Volunteer Program is committed to a policy of fair representation and will not discriminate on the basis of race, ethnicity, age, disability, gender, color, religion, sexual orientation, geography, or group affiliations. Volunteers will adhere to these same standards in the course of their duties.

Violations of this Code will be thoroughly investigated. During the investigation, involved members will be temporarily suspended from Emergency Management Volunteer Program activities, pending the outcome of the investigation. Members will be notified as to their status with the Emergency Management Volunteer Program by the CEMA Volunteer Manager.

Volunteer Signature Block:

Print Name: Signature: Date:

CEMA Volunteer Manager:

Print Name: Signature: Date:



Volunteer Background Check Consent Form



I hereby give consent for the Savannah-Chatham Metropolitan Police and the Chatham Emergency Management Agency to conduct an inquiry and receive any Georgia Criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (Print): Maiden Name:

Address: City: State:

Sex: Race: Date of Birth: Phone Number:

Social Security Number: Driver's License Number: State:

I understand that I am required to submit a copy of my Driver's License or other state issued photo ID card with this consent form.

I, give consent to the above named to perform periodic criminal history background checks for the duration of my volunteer commitment with the Chatham Emergency Management Agency.

Signature: Date:

For Department Use Only:

Check the site you wish to pick up the results of your name base background check

- 295 Police Memorial Drive 201 Habersham Steet Mail to 124 Bull St. Suite 140, Savannah, GA. 31401

The inquiry resulted in the following: (Check all that apply)

- No Georgia Criminal History results available
- No NCIC/GCIC Warrants results available
- Georgia Criminal History attached/released
- Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name Phone Number:

Designee Signature: Title: Date: