CITY OF ODESSA, MISSOURI
COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

BASIC TRAINING COURSE — PARTICIPANT APPLICATION

Purpose: This application is for individuals interested in participating in the Odessa CERT Basic Training Course. The course provides basic emergency preparedness and response training. Completion of the course does not automatically establish an ongoing CERT volunteer commitment.

1. APPLICANT INFORMATION

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____ Phone: _____

State-Issued ID / Driver's License No.: _____ State: _____

Home Address: _____

City / State / ZIP: _____

Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

2. TRAINING INTEREST & AVAILABILITY

Why are you interested in participating in the Odessa CERT Basic Training Course?

_____

_____

_____

Availability: ☐ Weekdays ☐ Evenings ☐ Weekends ☐ Varies

Areas of Interest: ☐ Preparedness ☐ First Aid ☐ Communications ☐ Search & Rescue ☐ Other

Other: _____

3. EXPERIENCE, TRAINING & QUALIFICATIONS

List relevant certifications, licenses, training, or experience that may be useful during CERT training or future volunteer activities.

Training / Certification: _____ Expiration: _____

Training / Certification: _____ Expiration: _____

Relevant Experience: _____

_____

4. REFERENCES

Provide two individuals who can speak to your character, reliability, or suitability for participation. Please do not list immediate family members.

Reference 1: Name: _____ Phone/Email: _____

Relationship: _____

Reference 2: Name: _____ Phone/Email: _____

Relationship: _____

5. BACKGROUND INVESTIGATION AUTHORIZATION & RELEASE

I understand that participation in the City of Odessa Community Emergency Response Team Basic Training Course is a position of public trust and that the City may conduct a background investigation as part of the application and screening process. I voluntarily authorize the City of Odessa, its authorized representatives, and persons or agencies assisting with the investigation to obtain and review information reasonably necessary to evaluate my suitability for participation. This may include, as permitted by law, criminal history and public-record information, identity verification, driving-record information when relevant to anticipated volunteer duties, employment or volunteer history, and information from the references identified on this application.

I authorize individuals, agencies, organizations, and other custodians of records who possess relevant information to release that information to the City of Odessa or its authorized representative for this purpose. I understand that information will be handled in accordance with applicable federal and Missouri law and City policies. I understand that submitting this application does not guarantee acceptance into the training course and that additional screening or documentation may be required before participation.

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that intentionally providing false or misleading information may result in denial of participation in the training course. I understand that CERT training does not authorize me to perform duties outside my training or to represent myself as a police officer, firefighter, EMT, or other professional emergency responder.

6. PARTICIPANT ACKNOWLEDGMENT

By signing below, I acknowledge that I have read and understand this application and the Background Investigation Authorization & Release. I voluntarily consent to the background investigation described above and understand that the City may consider the results when determining my eligibility to participate in the Odessa CERT Basic Training Course. I understand that completion of the course does not automatically require me to participate in future CERT activities.

Participant Signature: _____ Date: _____

Printed Name: _____

7. FOR CITY / EMERGENCY MANAGEMENT USE ONLY

Date Received: _____ Reviewed By: _____

Background Check: ☐ Requested ☐ Completed Date: _____

Reference Checks: ☐ Completed ☐ Pending Disposition: ☐ Approved for Training ☐ Not Approved ☐ Pending

Training Status: ☐ Registered ☐ Completed ☐ Did Not Complete

Notes: _____

_____

City of Odessa, Missouri — Emergency Management
Community Emergency Response Team (CERT)

For City use: The City should have the background-investigation authorization and records-release language reviewed by the City Attorney before official adoption and use.