

Volunteer Agreement  
Taylor, Mi.  
Community Emergency Response Team (C.E.R.T.)

I, \_\_\_\_\_,

hereby request permission to participate in the Taylor Community Emergency Response Team (C.E.R.T.) Program. I understand that participating in both training and actual Incidents as required, involves active physical activity, which includes a potential risk of personal injury and/or personal property damage. I make this request with the full knowledge of the possibility of personal injury and/or personal property damage.

1. I agree to hold the City of Taylor, their personnel and their agents 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 in the C.E.R.T. Program.
2. I attest that I am in good health, and have no medical or physical limitations or other circumstances that would prohibit me from executing the duties of a C.E.R.T. member. If I do have limitations, I have disclosed these to the C.E.R.T. Coordinator.
3. I agree to follow the program rules established by the Taylor C.E.R.T. Program, and to exercise reasonable care while participating in C.E.R.T. activities, trainings and events. I understand that if I fail to follow the programs rules and regulations and the Standard Operating Procedure, or if I fail to exercise reasonable care, I can be administratively removed from the program. In addition to the rules set forth by the C.E.R.T. program, I also agree to conform to all the rules and regulations of the City of Taylor. I understand that I will begin service on a reciprocal trail basis.
4. I agree to participate in all required training. I understand that I will perform services and assistance only to the degree that has been

covered through my training. I will not perform services or assistance beyond the extent of which I have received proper training.

5. I understand that a background investigation and driver's record review may be conducted. (iChat and other may be used based on the discretion of the City of Taylor.)

6. I understand my volunteer service represents an important commitment and realize the City of Taylor is depending on my services. If, for any reason, I cannot keep this commitment, I will notify my C.E.R.T. Coordinator in advance following the proper procedure.

7. I agree and understand that any work I perform within the scope of this agreement will be provided on a voluntary basis and that I do not expect nor will accept payment or other compensation for performing any work. I also understand that a volunteer position does not constitute an employee-employer relationship with the City of Taylor, and that I serve at the direction of the City of Taylor's C.E.R.T. Program.

8. If I am currently a City employee, I know that any volunteer work to be performed is outside of my regular job classification, and is separate from any paid work responsibility/compensation. I also understand that while volunteering for the C.E.R.T. Program I will not seek compensation from the City of Taylor.

9. I agree not to divulge any information regarding persons who are receiving services or other assistance from the City or otherwise involved in my volunteer services. I recognize that unauthorized release of confidential information may make me subject to legal action.

10. I understand that I am fully responsible for maintaining my own personal records of time volunteered to the City for purposes of internships, community service, certifications, etc., and is subject to my C.E.R.T. Coordinators verification. At the end of my volunteer service, I can request a letter documenting hours donated, and I

understand that the City will maintain no permanent record of this time.

11. I agree to report any volunteer- related injury or incident to my C.E.R.T. Coordinator immediately.

12. I understand the City of Taylor and the C.E.R.T. Program have a zero-tolerance policy against any type of harassment or discrimination, and I agree to comply with this policy.

13. I understand that the City of Taylor and the C.E.R.T. Program have a zero-tolerance policy against any type of violence, threat or intimidation, implied or actual, in the workplace, and agree to comply with this policy.

14. I understand that the City of Taylor and the C.E.R.T. Program have a zero-tolerance policy against any use of, or being under the influence of, illegal drugs or alcohol in the workplace, and agree to comply with this policy. This includes prescriptions that may cause impairment.

15. I understand that the City has a zero-tolerance policy against carrying, or use of any type of weapon or firearm by individuals other than active members of the Taylor Police Department and its Police Auxiliary Department while executing the duties of a C.E.R.T. member, and agree to comply with this policy.

16. I understand the City of Taylor and the C.E.R.T. Program are NOT responsible for loss or damage to personal belongings.

17. I understand that if I am under the age of (18) years, my parent or legal guardian will also register and participate in any trainings, and will personally supervise my participation in said trainings, and will personally supervise my participation in all future C.E.R.T. activities (until I reach the age of 18).

18. I understand that I am responsible for the reasonable care of any C.E.R.T. related equipment issued to me by the City of Taylor or the C.E.R.T. Program to ensure its proper working order. This includes, but is not limited to, regular replacement batteries in equipment. I understand that any issued equipment/gear is owned by the City of Taylor and the C.E.R.T. Program, and will be returned to the City and or Program should my status as a C.E.R.T. member terminate. I understand that I am responsible for the replacement costs of the equipment/gear if I terminate and fail to return the issued equipment/gear.

By executing this release, I certify that I have read the Volunteer Agreement release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I also certify that I have disclosed any and all known medical and physical limitations fully.

I sign this release freely and voluntarily.

(Please sign and return the final signature page of this document to the C.E.R.T. Coordinator)

For your records: Date I returned the signed Volunteer Agreement

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Signature / Date

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Print Name

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Witness / Date