

2. NYC CERT PROSPECTIVE MEMBER FORM (FOR TEAM CHIEFS)

The following questions should be used to determine new membership for your team. The below questions will help inform you as a team chief about how the potential member will work within the CERT program and your team. This form needs to be filled out for every applicant that you receive. Please forward all completed forms to: CERT@oem.nyc.gov or fax to 718-246-6022. By submitting this form to the CERT program you are making a recommendation about the applicant either to approve them for the program or not.

By approving the application you recommend that they participate in the next training cycle and accept the recruit to become a probationary member of your team. If someone is rejected, the reason must be documented and given to NYC CERT program staff. The interested participant has the right to appeal this decision directly with OEM. OEM may or may not overturn the original decision.

NYC CERT and its teams follow the New York City Equal Employment Opportunity Policy:

Potential members cannot be denied entry to the NYC CERT program based on actual or perceived race, color, national origin or citizenship status, religion or creed, gender (including "gender identity" -- which refers to a person's actual or perceived sex, and includes self-image, appearance, behavior or expression, whether or not different from that traditionally associated with the legal sex assigned to the person at birth), disability, age (18 and over), military status, marital status, partnership status, predisposing genetic characteristic, sexual orientation, or status as a victim or witness of domestic violence, sexual offenses and stalking.

CONTACT INFORMATION:

NAME: _____ Over 18?
Y N

First Name

Last Name

BOROUGH: _____ COMMUNITY DISTRICT:

ADDRESS: _____ APT: _____ ZIP CODE:

PHONE NUMBER: (please circle one): Work Cell Home

PRIMARY

E-MAIL

ACCOUNT:

ARE YOU CURRENTLY ENROLLED IN SCHOOL? YES: Part-time Full-time
NO

LANGUAGES

What language(s) you speak/read/translate and your fluency level for each:

Language:

Please circle:	Speak	Fluency level: Low	Med	High
	Read	Fluency level: Low	Med	High
	Translate	Fluency level: Low	Med	High

Language:

Please circle:	Speak	Fluency level: Low	Med	High
	Read	Fluency level: Low	Med	High
	Translate	Fluency level: Low	Med	High

PAST TRAINING AND VOLUNTEER EXPERIENCE

What volunteer experience have you had in the past ten years? Please list starting with your most recent volunteer experience and work backwards:

Name of Organization volunteered	City/State	Position	Dates
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Name of Organization volunteered	City/State	Position	Dates
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Name of Organization volunteered	City/State	Position	Dates
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Do you have any professional skills and/or certifications you may have or are in the process of obtaining? Please list along with the expiration date (Examples include: First Aid, CPR, or AED):

Type of Professional License/Certification Expiration Date	Sponsoring Agency
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Type of Professional License/Certification Expiration Date	Sponsoring Agency
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Type of Professional License/Certification Expiration Date	Sponsoring Agency
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What experience do you have working in a team/group structure?

Would aspects of the CERT program are you most interested in?

Are you comfortable working with a diverse group of people?

NYC CERT VOLUNTEER EXPECTATIONS

What is your greatest asset to the NYC CERT Team?

Name what skill(s) you would like to learn, or improve, as a member of NYC CERT?

How many hours a month do you think that you would be available to volunteer?

APPROVAL AND CERTIFICATION:

Please initial one of the following:

Approve Application: _____

Deny Application: _____

Team Chief Signature: _____ Date:

REQUIRED - if application is denied, provide detailed reason below (Note: each denial will be reviewed by NYC OEM CERT staff for validity):

3. NYC CERT APPLICATION

Borough: _____ Community Board #: _____

New York City CERT Background Check Form

The mission of the New York City Community Emergency Response Team (CERT) program is to train community-based volunteer teams that will: inform, educate, and train their neighbors on disaster preparedness; assist public safety agencies and local community boards with public events; respond to locally occurring disasters by strictly following CERT protocol and supporting emergency personnel upon their arrival and request; and assist agencies in managing spontaneous volunteers at a disaster site.

ALL INFORMATION ON THIS DOCUMENT IS CONFIDENTIAL AND WILL ONLY BE USED BY THE NEW YORK CITY OFFICE OF EMERGENCY MANAGEMENT (OEM) FOR MANAGEMENT OF THE NYC CERT PROGRAM.

OEM must perform a background check on all individuals participating in NYC CERT. This policy was enacted to comply with FEMA recommendations; to protect sensitive information; and to ensure a professional working environment among teams.

Driver's License or State Identification:
Number: _____ State: _____ Expiration: _____ / ____ / 20

PERSONAL INFORMATION

Title	First Name	Middle Name	Last Name
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Street Address	Apartment #
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City	State	Zip Code
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Home Phone	Work Phone	Cell Phone
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E-Mail (primary account)

Please circle preferred contact:	Home Phone	Work Phone	Cell Phone
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	E-Mail		
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Please circle one:	Male	Female	
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BACKGROUND CHECK-PAGE 1

Please carefully read the disclaimer below before supplying the required information.

- I understand that in connection with the NYC CERT membership application process, OEM in conjunction with the New York Police Department (NYPD) will conduct a background check on me which will remain confidential. By signing below, I hereby grant permission to OEM and NYPD to conduct such a background search.
- The information provided by me will be the basis for search of public records, which may include, but is not limited to, a search for criminal convictions.
- I indemnify and hold harmless the entity providing the background check information to OEM, OEM and/or their employees or agents, from any liability and all damages whatsoever, resulting from errors or inaccuracies in the background check information, or in the acquisition and transmittal of the information derived there from.
- I have provided complete and truthful information to OEM and fully understand that any misrepresentation or material omissions concerning the information provided will be grounds for denying or the withdrawal of my participation and /or immediate dismissal from the NYC CERT Program.
- If any adverse decision is made with regard to my eligibility in the NYC CERT program based entirely or in part on the information contained in the background check, I will be notified by OEM and upon such notification will return any NYC CERT equipment and/or materials to OEM within fourteen days of such notification.

I have carefully read and understand the above statement. I consent to the release of my background information to NYC OEM as a pre-requisite for participating as a volunteer in the NYC CERT Program and in connection with any future decisions concerning my acceptance and/or retention as a member of the NYC CERT Program.

As a NYC CERT volunteer, I am not paid for my services. I am willing to take required training and will adhere to the policies, rules and regulations of the NYC CERT Program and its code of conduct. (A copy of the code of conduct is included in the NYC CERT Standard Operating Procedures.)

I understand that this consent remains in effect until such time as membership in the NYC CERT Program is denied and/or revoked.

Please print name

Please Initial

Please Date

BACKGROUND CHECK- PAGE 2

Please complete the following information and sign at the bottom:

Social Security #: _____ - _____ - _____

Date of Birth: _____ / _____ / _____
Month Day Year

Have you ever used or been known by any other name(s)? **YES** **NO**

If yes, please list previous name(s) used: _____

Have you ever been convicted of a crime?
Please circle one: **YES** **NO**

(If YES, please explain circumstances below and include city, state and date(s) of offense):

I understand that the information I have supplied is correct and true to the best of my knowledge and I agree to update NYC OEM when any of the above information changes for as long as I remain active within the NYC CERT Program.

Print Name: _____

Signature: _____ **Date:** _____

NYC CERT HOLD HARMLESS/PERMISSION REQUEST

Please read the information carefully below:

I, _____, hereby request permission to participate in the New York City Office of Emergency Management's (OEM) Community Emergency Response Team (CERT) program. I understand that this training 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. Further, I have read and understand the program outline that describes all class sections and the associated activities.

I agree to hold the City of New York and its agents, personnel, directors, officers, successors, assigns, and employees, harmless from any and all judgments, awards, debts, expenses, damages, claims, demands, actions, suits, and/or injury that I may suffer and which may arise as a result of my participation in the above mentioned class.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT 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 the program.

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 satisfactorily answered. I sign this release freely and voluntarily.

1.1. PRINT NAME

1.2. DATE

1.3. SIGNATURE

1.4. TEAM / CB #

4. AFTER ACTION REPORT

NYC CERT After Action Report

Date prepared:

Prepared by:

Borough/please circle: Brooklyn Bronx Manhattan Queens Staten
Island

Community Board: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Date of Deployment: _____

Deployment Notification:

Team notified OEM Watch Command

OEM notified Team

Location/Address of Incident (please describe):

Location within your Community Board: Yes No

Hours of Deployment:

Time notified: _____: _____ AM/PM

Time ended: _____: _____ AM/PM

Number of credentialed team members deployed: _____

Names of team members deployed:

Please turn page over

Other NYC CERT Teams present/assisting: Yes, please list:
 No

Type of Incident (please check all that apply):

- Fire Utility Failure/Problem Flood
 Extreme Weather Building Collapse Mass Care
 Other, please list below

NYC CERT TEAM Notification/Call-down:

- Phone E-mail In person Other

Team Chief/Designee initiated phone tree/pre-determined notification system:

- Yes No

Incident Description/Roles and Responsibilities Given:

Team Successes:

- Team members notified responded Team notification system worked well
 Team recognized by first responders at scene Team members clear on assigned roles
 Team followed ICS protocols Team members responded with proper equipment/
gear.

Other, please explain:

Team Challenges:

- Team members did not respond to notification Team notification system did not work well
 Team not recognized by first responders at scene Team not aware of assigned roles
 Team did not follow ICS protocols Team members did not respond with proper equipment/gear.

Other, please explain

Suggestions/Lessons Learned:

5. NYC CERT COMMUNITY CONNECTION FORM-COMMUNITY DISASTER NETWORKING FORM

Please use this form when going out into your community and identifying potential community connections to build a community disaster network. Only fill this out after speaking with a contact at the location. Attach any relevant flyers, webpage printouts, or other such information that would be useful in describing the connection. Use the back of this form for notes.

When completed, compile these forms in a binder or folder specifically for your team's community disaster network. Enter the information into an Excel spreadsheet and on a regular basis send new information to OEM so that maps and internal documents can be updated.

Name of community connection: _____

Address: _____
Zip Borough District

Is this connection currently charted on your Community District Map? Yes No

Connection's Focus

Business Civic Association Community-Based Faith-Based Government

NYPD Contact Senior/Residence Center Non-Profit Other: _____

Briefly describe the main functions of this connection, and whether it serves any special populations (immigrant groups, multiple languages, special needs, etc.):

About how many people are present at this location:

during the day? _____ at night? _____

Primary Contact _____ Date of Contact _____

Name: _____ Title: _____

Phone Number: _____ E-mail: _____

Would this connection benefit from a Ready NY presentation? Yes No

Does this connection have a Business Continuity Plan? Yes No

Is there a possibility to recruit new CERT members at this location? Yes No