



City of Alexandria Teen CERT Application and Parent/Guardian Consent

Teen's Name _____ Pronouns _____ Birth date: _____

School _____ Grade _____

Home Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Parent/Guardian 1: Name _____ Email _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian 2: Name _____ Email _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name and Information (if parent/guardian cannot be reached)

Name: _____ Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Application Questions to be completed by the Teen:

1. Why do you want to join Alexandria Teen CERT? (limit response to 250 characters)

2. Please list any previous or current volunteer experience. If none, please list "none".

3. Do you have any special skills or experience that could be beneficial in helping your school, household, or community such as CPR training, understanding of disasters and preparedness, etc.)? Please also list any skills you hope to gain.

Other Information:

	YES	NO	Add Explanations/Comments:
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dietary restrictions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical limitations/restrictions	<input type="checkbox"/>	<input type="checkbox"/>	

Please list any special support needs or accommodations:

Expectations for participants: Teen CERT participants are expected to exhibit appropriate behavior and follow directions of Course Instructors/Facilitators while participating in Teen CERT activities. All participants are expected to show respect for all individuals, refrain from using foul language, and behave professionally. **Teen Initial**_____

Training Commitment: Teen CERT participants are expected to attend all training sessions as outlined below. If a participant is unable to attend a session, they should inform the Course Manager or Lead Instructor 24+ hours in advance or as soon as possible. All sessions must be attended in order to complete the course and graduate as a Teen CERT volunteer. **Teen Initial**_____

Training sessions:

- Every Wednesday from 4-6pm starting 9/6 through 10/25
- Sundays 9/17 and 10/8 from 1-4pm
- Saturday 10/28 from 8am-1pm

Application Submission Instructions

Your parent or guardian must complete the Parental Consent and Waiver of Liability on the following page. Applications can be submitted the following ways:

1. **Electronically (preferred)** – Complete application electronically with digital signature OR print, complete, scan, and email to kevin.coleman@alexandriava.gov.
2. **Via Mail** – Mail your application to 2003 Mill Rd. Suite 3000, Alexandria, VA 22314 (ATTN: OEM - Kevin Coleman).
3. **Drop-off** – Place your completed application in a sealed envelope with “Teen CERT Application” written on the front and drop off with the front desk staff at ACHS.

Thank you for your interest in joining the City of Alexandria Teen CERT program! Notifications regarding the status of your application will be made on a rolling basis beginning in August; you will be notified no later than September 1, 2023. For any questions, you may reach out to the CERT Program Manager at kevin.coleman@alexandriava.gov or visit www.Alexandriava.gov/CERT.

Parental Consent and Waiver of Liability

I _____ (parent/guardian) have received and read the Teen CERT Parent Letter and consent to my teen's participation in Alexandria's Teen CERT program. Parent/Guardian Initial _____

Agreement to Assumption of Risk and Agreement to hold harmless

The undersigned is aware that there are certain risks involved in participating in the Teen CERT Program and events including but not limited to the risk of theft or damage to property and the risk of personal injury from participation in activities. In consideration of my teen being granted permission to participate in these activities and to use the facilities of the City and/or other partner organizations and services provided by the City of Alexandria Fire Department Office of Emergency Management, its agents and employees, including food service, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the City and all its officers, departments, agencies, and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including course costs and attorney fees), charges liability, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation the Teen CERT events.

I have read and understand this agreement and by my signature agree to its terms. I hereby give my child/ward permission to participate in the training activities including practical skills demonstrations and go on any field trips during this program. I understand that I will be informed advance of any field trips. The Teen CERT Program Instructors/Facilitators agree to notify the parent/guardian in the event a participant becomes ill or injured. The parents/guardians authorize the Teen CERT Program to obtain immediate medical care if an emergency occurs when he/she cannot be reached immediately.

Parent/Guardian Signature _____ Date _____

Photo/Video Release (Optional)

I hereby give my permission without restriction to the City of Alexandria and its assignees to photograph or videotape my child during participation in Teen CERT training and events. I specifically waive any rights to compensation with respect to use my child's name, likeness, picture, and/or voice. The purpose of this release is to facilitate publicity for City programs.

Parent/Guardian Signature _____ Date _____