

## APPLICATION FOR MEMBERSHIP TO TRI COMMUNITY CERT

Please print both pages and mail to:

## Tri Community CERT C/O Jennifer Schultz, Mayfield Village Fire Department 770 SOM Center Rd Mayfield Village, OH 44143

## **Contact Information:**

First Name:	Last Name:		Middle Name:		
Address:	•	City:	State:	Zip:	
Home Phone:	Cell Phone:		Work Phone:		
E-mail Address:	1	Relationship:	1		
Emergency Contact:					
First Name:	Last Name:		Middle Name:		
Address:	1	City:	State:	Zip:	
Home Phone:	Cell Phone:		Work Phone:		
E-mail Address:		Relationship:			
Special Skills:					
Please list any special skills, licenses, or certifications that may be valued by the organization:					
I understand that the application process includes a criminal background check.					
Applicant's Signature:					
Date:					



## TRI COMMUNITY CERT HOLD HARMLESS AGREEMENT

I(PRIN	<b>IT NAME</b> ), hereby request permission to participate in the		
CERT program and all of its activities. I understand that all a includes a potential risk of personal injury and/or property of possibility of personal injury and/or property damage. Further describes the class sections.	damage. I make this request with full knowledge of the		
I agree to hold The American Red Cross, The City of Mayfield H City of Richmond Heights, The Tri Community CERT and their a and all claims, actions, suits, and/or injury that I may suffer, a CERT Team. I assume all risk associated with CERT activities.	gents, board members and personnel, harmless from any		
I agree to follow the rules established by the instructors, and t program. I understand that if I fail to follow the instructor's reasonable care, I can be removed from the program.			
By executing the release and Hold Harmless I certify that I have read this in its entirety, understand all of its terms and have had any questions regarding the release and Hold Harmless or its effect answered.			
Signature:	Date:		
Witness:	Date:		