NOTE: AN ARREST MAY NOT AUTOMATICALLY PROHIBIT ACCEPTANCE INTO A VOLUNTEER POSITION.

VOLUNIEER PO	SITION.			
Arrest Information				
			d as an accused party," or convict l and military charges? (Omit traffi	
Yes: No: If ye	es, complete the fol	lowing:		
Policy Agency				
Crime Charged	City & State	<u>Date</u>	Disposition of Case	
			-	
	-			
	-			
			:	
If conviction, what	was the nature of v	our offense/o	, \0	
ii conviction, what	was the nature of y	your onense(s	5) {	
Date of conviction	(s)			
Are you on Probat	ion/Parole? Yes	No		
Current status of o	conviction(s)			
Have you ever bee	en incarcerated in a	correctional/	detention facility?	
3. If yes, give	facility name and lo	cation		

Signatures

I understand that by volunteering with the CERT organization that I will learn certain basic skills that are intended to help me render assistance to others only when I deem it safe and necessary for me to do so. I am under no obligation, by virtue of having

Date and length of incarceration.
Date of release and current status.

received this training, to render aid or become involved in any activities that would make me feel uncomfortable or have the potential to cause me physical or emotional injury.

I recognize the fact that I will receive a "Certificate of Completion" only upon attending all sessions of this course and completing the final exam and exercise. I understand that any and all equipment issued to me by the Emergency Management Department is property of the City of Grand Island and that I am expected to return it in good condition if I leave the program or area.

By this signature I affirm that I understand that when acting as a CERT volunteer I may only:

- 6. Act in the scope of my official duties, and
- 7. Act in furtherance of a public purpose.

I understand that my deviation from the above may result in personal liability. I have also read and agreed to sign the attached Informed Consent form.

Signature	Printed Name	

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