



Working in Conjunction with
the City of Parma.



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Dear Applicant:

We appreciate your interest in the Parma Community Emergency Response Team, Also know as CERT.

If after reading through the enclosed material you would like to be considered for a volunteer position with us, please complete the following steps:

- Complete the application and supplement (*page 3*)
- Provide photocopy of your drivers license or state ID
- Provide photocopy of your high school diploma or GED
- Provide your social security number, or a copy of your card
- Provide birth date

Deliver or mail to:

Parma Fire Department
Division of Emergency Management
6655 Ridge Rd.
Parma, Ohio 44129

After your completed packet has been received, you will be contacted to schedule an interview. Upon passing the interview, a training session will be scheduled. All applicants' reverences will be verified, and a background check completed.

Thank you again for your inquiry into the Parma Community Emergency Response Team program. If you have any questions feel free to contact us. We can be reached at (440) 465-6559, parmacert@parmafire.org.

Sincerely,

Brian Riegel

Brian Riegel
City of Parma CERT Coordinator

Parma CERT Mission Statement:

“Beginning with ourselves, we will be prepared to work as an individual or together as emergency response teams, to assist our families, neighbors and community in a time of disaster or need and be prepared to make decisions that benefit the people of the City of Parma.”

Parma Community Emergency Response Team
Parma Fire Department ♦ 6655 Ridge Rd ♦ Parma, Oh 44129
www.parmacert.com 440-465-6559



Parma Fire Department Community Emergency Response Team (CERT)

A Community Emergency Response Team is a ready force of organized and trained volunteer disaster workers that operate at the neighborhood level. They prepare to be self-sustaining for three days following a large disaster.

When disaster strikes, CERT volunteers spring into action; they check on neighbors, suppress small fires, conduct light search and rescue, and provide emergency medical aid, and psychological comfort to their neighbors.

In post disaster environment, CERT members organize and direct spontaneous volunteers who offer to assist the community during a crisis. CERT members may also be called upon to help in other areas during emergencies even though their own neighborhood is not impacted.

In the event of mass inoculation, CERT members will staff the volunteer positions of the City of Parma's five inoculation sites.

Salary:

This is a non-paid volunteer opportunity

Job Elements:

CERT volunteers will take part in 20 hours (minimum) classroom and hands on training to include but not limited to:

- Disaster preparedness
- Fire safety
- Light search and rescue
- Team organization
- Disaster psychology
- Terrorism and CERT
- Final Exercise

Minimum Qualifications:

- 18 years of age or above
- High school diploma or GED
- Valid Ohio drivers license or state ID
- Successfully pass a background check

Special abilities or requirements:

Bilingual volunteers are strongly encouraged to apply



**Parma Fire Department
Community Emergency Response Team (CERT)
Course Participant Policy and Guidelines
Supplement**

Acceptance of participants

Parma Fire Department reserves the right to select participants based upon, but not limited to the Following:

- Experience or training
- Nature of information being presented
- Class size limitations

A “no walk-in” policy is in effect for all classes. Only those who have followed approved application process and received a formal acceptance letter from the Parma Fire Department will be admitted to the class.

Attendance Policies

- Students should attend all sessions of each course, seminars or workshops and be prepared to interact in course activities.
- Credit for course completion will not be granted to students if more than 10% of the program is missed. You must notify the CERT coordinator if you expect to miss any course sessions
- If an individual is unable to attend a course for which he/she has been accepted he/she must cancel a minimum of 48 hours in advance by calling (440) 465-6559 or by email parmacert@parmafire.org,
- Certificates of attendance will only be issued upon successful completion of the course

Smoking

In accordance with State and Local laws, smoking is not permitted

Dress Code

Slacks, shirt, shoes, and socks

Firearms

Prohibited except for those worn in according to law by certified peace officers

Pagers / Cellular Phones / 2- Way Radios

For the consideration students and instructors, the above are not allowed in the classroom

- If devices are left on vibrate mode must be used
- Uses of the above are limited to areas outside the classroom, which do not interfere with class activities. Note: Not all locations have public phone access.

I have read the participants Policy and Guidelines on this application and agree to abide by them.

Signature: _____

Date: _____



**Parma Fire Department
Community Volunteer Application**

All Information will be treated confidentially. Please answer all questions completely as possible

Personal Information					
Title:	Mr.	Mrs.	Miss.	Ms.	Other
Last Name:			First Name:		MI:
Address:				City:	
State:	Zip:	Ward:	E Mail:		
Home PH:	Business PH:		Cell PH:		
Emergency Contact:					
Name:			Relationship:		
Day PH:			Evening PH:		
Group Affiliation: If none leave blank					
Group Name:					
Group Address:					
City:	State:		Zip:		
Group Contact Name:			#1Ph:	#2Ph :	
Education:					
Name of Institution	Address	Graduated Y/N	Years Attended	Degree/Study	
Licenses: (Drivers and Professional)					
Type:	State:	Number:		Expires:	
Type:	State:	Number:		Expires:	
Personal / Professional References Non-Related					
Name	Address	Phone	How Long Known	Relationship	



Please Rate Your Skills in all of the areas that apply to you

Skill	Minimal	Satisfactory	Good	Above Avg. Expert
Accounting				
Communication Systems eg; radios, HAM,CB				
Corporation / Agency Administration				
Detail Orientation				
Information Systems Data Management				
Interpersonal Comm.				
Inventory Control and Management				
Supervision/ Management				
Leadership of Teams				
Foreign Language				
Organizational Skills				
Other: Medical, Engineer				
Other: Medical, Engineer				
Other: Medical, Engineer				

Please tell us about your licensure and or experience in the Following Areas

Licensure / Experience	State	Expiration	License #	Length Exp.
Dispensing Pharmaceuticals				
Gov., EMA, Agency Official				
Health/ Medical Professional				
Law Enforcement/Security				
Maintenance / Custodial				
Medical Physician				
Medical Triage				
Working with Special needs population				
Training and or public speaking				
Vaccination Logistics				
Other Specify				
Other Specify				
Other Specify				



Work Experience Past Five Years Starting with Current Position

Company Name and Phone Contact Y/N	Address	Position	Dates of Employment	Reason for Leaving
			From: To:	
			From: To:	
			From: To:	

Use Back of sheet if more room is required

Volunteer Experience

Organization Name & Phone Contact Y/N	Address	Position	Dates of Service	Contact Person
			From: To:	
			From: To:	
			From: To:	

1) Have you ever volunteered with our municipality in the past?
If yes what capacity?

2) What attracted you to our volunteer program?
Is there any aspect of our work that motivates you to seek to volunteer here?

3) What would you like to get out of volunteering here?
What would make you feel like you've been successful, and how can we Accomplish that for you?



4) What have you enjoyed most about previous volunteer work? Previous paid work?

5) Describe your ideal supervisor. What sort of style do you prefer to work under?

6) What are your areas of expertise, and would you like to volunteer those skills ?

7) Is there anything else that you would like us to know that would assist with your Placement as a volunteer?



I verify the information I have given above is current and accurate to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for volunteering and my result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a decision about volunteering. I release such persons and organizations from legal liability in making such statements. I understand by signing below that the information above will be verified and a background check completed by the Parma Police Department for the purpose of checking my criminal history record so I **May** be selected to participate in the Community Emergency Response Team (CERT) Program.

I also understand my criminal history background **May** disqualify me from being selected to participate in the CERT Program. By signing below, I give my consent to the Parma Police Department to check my criminal history record for the purpose of being selected to attend the CERT program. This information is to remain confidential to the Parma Police Department. If this information is incomplete or untrue I understand that my volunteer assignment can and will be terminated.

I understand that by completing this course I will learn certain basic skills that are intended to help me render assistance to others only when I deem safe and necessary for me to do so. I am under no obligation, by virtue of having 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 verify that I am at least eighteen (18) years old.

I have read, understand and by my signature consent to these statement.

Volunteer's Signature: _____ Date: _____