

**Johnston Amateur Radio Society
Community Emergency Response Team JARS-CERT**

Application for Membership:

Name: _____ **Call Sign** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Phone # _____

E-mail: _____

NC Driver's license # or official NC-ID _____

Are you a current JARS member ? Yes / No circle one

Prerequisite: You must be a current JARS member in good standing to be eligible to maintain membership in the JARS-CERT team.

Official certifications you presently hold or have held in the past: (circle or list all that apply) EMT/Nurse/Law Enforcement Officer/Fire Fighter/Other: _____

Special skills you have: Example: electrician, welder, plumber, mechanic, construction equipment operator, other: _____

The CERT Basic Training class is REQUIRED

Where did you take CERT Basic Training? _____

Dates you took CERT Basic Training? _____

Attach copy of your certificate of course completion to this application.

By signing this form, I certify that the above information is true and correct to the best of my knowledge, and that I have read and understand the Constitution and Bylaws of JARS and the Constitution and Bylaws of JARS-CERT, and the JARS-CERT Policies and Procedures.

I want to become a member of JARS-CERT.

My Signature

Date submitted

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check

[...] I, as a JARS-CERT member certify that I have my own medical insurance that will cover me or that I will take my own responsibility, in the case of any accident or injury that I may receive during any CERT training or mission deployment, and that the JARS-CERT Organization and its parent the Johnston Amateur Radio Society shall be immune from any civil or criminal liability or responsibility if I am injured during any CERT training or mission deployments.

_____ **My Signature**

_____ **Date**

Emergency Contact Information:

While attending a meeting, training, or official JARS-CERT function or deployment, if a member was to get sick, have an accident, or other emergency, it is important that we be able to contact the person he/she chooses to be his/her representative. A copy of this information shall be kept confidential by the JARS-CERT Captain/Coordinator, the JARS-CERT Secretary, and the JARS club President, and other JARS-CERT officers as deemed necessary.

Emergency Contact: _____

Relationship: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #s (cell) _____

(home) _____

(other) _____

Local Hospital Preference to go to in an emergency: _____

Notes: Special medical conditions or other information we need to know about in an emergency (Will Be Kept Confidential) _____

This application form shall be forwarded to the JARS-CERT Captain/Coordinator and considered by the Executive Committee at the next scheduled meeting.