

## TAYLORS FALLS CERT PROCEDURE MANUAL COMMON GOALS TO MANAGE VOLUNTEERS

#### SECTION 1 VOLUNTEER RIGHTS AND RESPONSIBILITIES

## 1.1 RIGHTS – THE CITY OF TAYLORS FALLS AFFIRMS AND SUPPORTS EACH CERT MEMBER RIGHT'S AS VOLUNTEERS, AND WILL WORK TO ENSURE THE FOLLOWING WHENEVER SAFE AND POSSIBLE.

#### 1-A Clear, Appropriate Assignment:

The Volunteer Coordinator will work to provide clear direction for each Team Member.

#### 1-B Fulfilling Work:

The Task Assignments for CERT Members will be appropriate and applicable to the situation they are responding to.

#### 1-C Orientation and Training:

The Volunteer shall be trained, and understand duties before sent on a task.

#### 1-D Informed Involvement with Agency:

Team Members will receive necessary information about the Program and tasks they are assigned.

#### 1-E Supervision and Support:

Team Members will be supported and directed by an Agency Designee while fulfilling their duties.

#### 1-F Development of Individual Potential:

The CERT Program will look for additional training and development opportunities for each member, when, and if appropriate.

#### 1-G Recognition of Service:

Volunteers will always be identified, and valued by the City of Taylors Falls for the service that they donate.

#### 1-H Respect:

All Team Members and CERT Coordinators will actively engage in respect for one another, the tasks they are assigned, and the people they serve.

#### 1-I Time Put to Use:

Team Members will partake in meaningful tasks that benefit the Organization, and are the best use of individual talents and abilities when appropriate.

#### 1-J Safe, Healthy Working Conditions:

In performing your job as a CERT Member, conditions are not always safe and healthy. Through training, Members will learn to recognize this, and protect themselves.

#### 1-K Right to Terminate a Volunteer Agreement:

A volunteer can resign at any time. This resignation must be in writing and submitted to the Coordinator.

# 1.2 RESPONSIBILITIES – THE CITY OF TAYLORS FALLS AFFIRMS AND SUPPORTS EACH CERT MEMBER RIGHTS AS VOLUNTEERS AND RECOGNIZES THE FOLLOWING EXPECTATIONS. THE CITY OF TAYLORS FALLS WILL WORK TO ENSURE THE FOLLOWING WHENEVER SAFE AND POSSIBLE.

#### 1-L Be Honest About Goals, Skills, Limitations and Motivations:

For the safety of all, know and perform task only to your limit of capability.

#### 1-M Fulfill Your Commitment:

Members will actively engage in the CERT Program until they are officially excused, or dismissed from the Program.

Commitment from Members must be self rewarding along with doing good for others.

#### 1-N Maintain Confidentiality:

All CERT Members shall be personally responsible for compliance with the Minnesota Data Practice Act. Your attendance at the scene of emergencies provides Members with access to private and confidential information concerning people's lives and property. Members are strictly prohibited from discussing or providing such information on, other than a business necessity basis, with other Members. Questions concerning confidentiality should be referred to the CERT Coordinator.

#### 1-O Cooperate with Staff:

Team Members will take direction from designated Staff.

#### 1-P Be Flexible and Keep an Open Mind:

Team Members will challenge themselves mentally and physically in a safe and productive manner.

#### 1-Q Stay Informed:

Team Members will maintain situational awareness, understanding of new techniques, and all other necessary CERT information.

#### 1-R Participate in Training:

It is essential that all Members actively participate and engage in training sessions.

#### 1-S Ask for Help or Clarification:

In the interest of safety, all Members will seek clarification and help when it is needed.

#### 1-T Understand Your Role as a Volunteer:

As a volunteer, CERT Members play a valuable role in Taylors Falls' emergency response strategy. As such, Members must follow the chain of command and refer to Staff when necessary.

#### 1-U Chain of Command:

All Members shall know, understand, and follow the chain of command at all events.

#### SECTION 2 THE CITY OF TAYLORS FALL'S RIGHTS AND RESPONSIBILITIES

# 2.1 RIGHTS – THE CITY OF TAYLORS FALLS WILL ACTIVELY WORK TO TRAIN AND PREPARE VOLUNTEERS IN THE CERT PROGRAM. AS SUCH, THE CITY RESERVES ULTIMATE AUTHORITY OVER THE CERT PROGRAM, ITS MEMBERS, AND AGENTS.

#### 2-A. Scene or Redirect Volunteers:

A CERT Coordinator will assign duties to volunteers as needed. (refer to 2-E)

#### 2-B Request References:

A Bureau of Criminal Apprehension (BCA) Back Ground Check is required of all CERT Members.

Other references may be requested in individual circumstances.

#### 2-C Require Volunteers to Attend Training:

Minimum standard of training must be completed successfully before you can assume full responsibilities of CERT Member.

Volunteers will need to attend one (1) training event annually upon completion of initial training.

#### 2-D Expect Volunteers to be Responsible:

All CERT Members are working for the City of Taylors Falls. CERT Members are expected to conduct themselves in a professional and appropriate manner at all times.

#### 2-E Reassign Volunteers:

The City of Taylors Falls reserves the right to reassign volunteers at any time.

#### 2-F Issued Equipment:

Equipment supplied to all volunteers is property of the City of Taylors Falls, and shall be returned to Taylors Falls upon resignation or termination from the CERT Program.

#### 2-G Receive Notice of Leaving:

When leaving an incident, the volunteer must notify the Incident Leader.

#### 2-H Terminate a Volunteer Agreement:

The City of Taylors Falls reserves the right to terminate a volunteer for any reason. Termination of a volunteer will be in writing.

#### 2-I Zero Tolerance:

The City of Taylors Falls has a zero Tolerance Policy on drugs and alcohol. CERT Members shall follow the Policy. Failure to comply is grounds for immediate dismissal.

### 2.2 RESPONSIBILITIES – THE CITY OF TAYLORS FALLS MUST PLAN, FOCUS, AND WORK TOWARDS THE COMMON GOOD.

#### 2-J Interview Candidates for Best Placement:

Safety is paramount in the CERT Program and individual assessments are key to best placement.

#### 2-K Provide a Written Position Description:

General CERT responsibilities will be provided to each member, specific duties will be assigned in the field by the CERT Coordinator.

#### 2-L Treat Volunteers as Valuable Team-Members:

The City of Taylors Falls will appreciate volunteers, and seek their input when appropriate.

#### 2-M Inform Volunteers of Special Events for the Workforce:

The City will keep volunteers up-to-date on all necessary events.

#### 2-N Provide Supervision:

The City will designate appropriate supervision.

#### 2-O Seek and Respect Volunteer Contributions:

Building on the notion that the CERT Team's strength will be built from its diverse members, Staff will seek meaningful contributions from all Members.

#### 2-G Conduct an Exit Interview:

Exit interview shall be conducted in a manner to strengthen the CERT Program.

#### 2-H Maintaining Taylors Falls CERT Procedure Manual:

The City of Taylors Falls will review and maintain this Manual authorized on January 24, 2011. Updates will need to be added from time to time. All current Members will receive notice of updates.



## COMMUNITY EMERGENCY RESPONSE TEAM VOLUNTEER ENROLLMENT FORM

NAME	PHONE	BIRTHDATE
ADDRESS		
COUNTY	E-MAIL	
OCCUPATION		<b>RETIRED</b> □ yes □ no
SPECIAL TRAINING		
ORGANIZATION MEMBERS	НІР	
OTHER VOLUNTEER SERVI	CE	
EMERGENCY CONTACT		
RELATIONSHIP	ADDRESS	PHONE
HEALTH RELATED CONCER	RNS	
DO YOU CONSIDER YOURSE	ELF DISABLED  yes no HOV	W?
HOW DID YOU FIND OUT AB	SOUT CERT?	
WHAT MOTIVATES YOU TO	VOLUNTEER?	
<b>CERT may use photos/vide educational purposes.</b> □ yes	-	er service for public awareness and
All volunteers 55+ years of a for CERT training.	ge are required to enroll with R	SVP to fulfill eligibility requirements
CERT applicants with felony co	nvictions will not be admitted to the	program.
SIGNATURE OF VOLUNTEE	R	DATE
SIGNATURE OF DISASTER R	ESOURCE DIRECTOR	DATE



## TAYLORS FALLS COMMUNITY EMERGENCY RESPONSE TEAM LEVEL OF PARTICIPATION SELECTION

NAN	ЛЕ
ADD	DRESS
PHO	NE NUMBER
E-M	AIL
PLE	ASE CHOOSE ONE OF THE FOLLOWING:
	I am no longer interested in being a CERT Member and will return my equipment to the City by
	Level One
	I would like to be notified in the event of a disaster to assist the community.  I do <u>not wish</u> to be contacted for additional training opportunities.
	Level Two
	I would like to be notified in the event of a disaster to assist the community.
	I would like to be notified of additional training opportunities.
	I will attend one disaster exercise per year, to the best of my ability.
	Level Three
	I would like to be notified in the event of a disaster to assist the community.
	I would like to be notified of additional training opportunities.
	I will attend one disaster exercise per year, to the best of my ability.  I would like to be contacted for any CERT related activities.
	I would like to be contacted for any CERT feraled activities.
Signa	ature:
-	

#### CERT/RSVP



City of Taylors Falls 637 First Street Taylors Falls MN 55084 Phone 651.465.5133 Fax 651.465.4603

### CERT VOLUNTEER REQUEST

EVENT NAME:				
CONTACT PERSON				
PHONE NUMBER:	FAX:			
Appppag	7.74			
ADDRESS:	E-MAIL:			
DATE & TIME:				
DATE & TIME:				
_				
DESCRIPTION OF EVENT:				
CERT MEMBER RESPONSIBILITIES:				
REQUIREMENTS:				
REQUIREMENTS.				
VOLUNTEER SUPPORT:				
VOLUNIEER SUFFORI:				
OTHER INFORMATION:				
SPECIAL INSTRUCTIONS:				

#### CRIMINAL BACKGROUND CHECK CONSENT FORM

Λn		AL DACKGROUND CHEC				
Ар	Please Print					
Re By	A local records check by the Chisago County Sheriff's Department and a Search of the Minnesota State Criminal Records and/or the Federal Bureau of Investigations Criminal Justice Information files will be performed on you. By signing this form you are allowing the Chisago County Sheriff's Department to release the criminal data maintained in those files which applies under Statutes and Ordinance.					
1. You have the right to be informed Taylors Falls is requesting Criminal have been convicted of a crime.			ninal Background Check to determine if you			
2.	You have the right to be informed by Taylors Falls of the results of a Criminal Background check and to oba copy of the results.					
3.	You have the right to obtain from the Chisago County Sheriff's Department and/or the Bureau of Criminal Apprehension any records that forms the basis for the report obtained.					
4.	4. You have the right to challenge the accuracy and completeness of information contained in the report or runder Section 13.04, sub.4.					
5.	. You have the right to be informed by Taylors Falls if your application for acceptance has been denied because of the results of the Background Check.					
	APPLI	CATION INFORMATION – PLEA	SE PRINT CLEARLY			
La	st Name	First Name	Middle Name			
Ha	ve you ever been known	by another name? Maiden, Aliases				
Da	te of Birth	Gender: Male	Female Race:			
Dr	iver License #	State	Soc Sec #			
— Cu	rrent Address		County			
На	ve you lived in Minnesot	a for at least the past 10 years? $\square$ yes $\square$	no Please provide complete list:			
Pre	evious Address		County			
TH	IIS RELEASE SHALL E	BE EFFECTIVE FOR ONE (1) YEAR FI	ROM DATE SIGNED.			

Date

Applicant Signature