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# COMMUNITY EMERGENCY RESPONSE TEAM ESCAMBIA COUNTY, FLORIDA

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I, \_\_\_\_\_, having completed the Community Emergency Response Team training, understand that as a member of C.E.R.T. my role is limited to those actions indicated in response to a bonafide emergency and as specified in my training while attending the Escambia County CERT program. I understand that I am responsible for all equipment that is issued to me and that the equipment is the property of Escambia County. I further understand that if I leave the CERT program that I will be responsible for properly returning all issued equipment in good working condition, excluding normal reasonable wear. I recognize that as a member of the CERT I do not have the authority, power, or legal rights of action of Florida-certified law enforcement officers or fire fighters. Finally, I understand that as a CERT member, my responsibilities are to myself, my family, my neighbors and then to the surrounding neighborhood. I will proceed as directed by my CERT leader and official emergency representatives.

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Signature

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Date

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Print Name

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CERT Team #

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County or Municipality CERT Representative