

Clallam County Fire District #3



## Agenda for CERT Class

Welcome, your chief instructors will be Blaine Zechenelly, CCFD 3, and Pat Baxter CERT 1/CCFD 4 Joyce. Guest Speaker: Assistant Chief Dan Orr, CCFD 3. (You never know if Asst. Chief will drop in so he is always a guest speaker.)

This class is the basic 24 hour academy for CERT. Personal Protective Equipment (PPE) will be provided for Field Day. To be a formal member of a CCFD 3 Sponsored Tier 2 CERT Team you must sign up and complete a registration as an Emergency Worker with Washington State and be willing to participate in a one night a month drill with your team.

We will hold a meeting post-CERT class and establish a team leader for those joining the Tier 2 Team. Blaine and Pat will help them get setup to do monthly training as a unit at a later time.

A manual will be given to you in the classroom. Please bring your own 2" binder.

These course days will include an informational video during lunch. Please bring your own lunch, drinks and snacks.

The course will be over three consecutive Saturdays and you must attend all three to get credit. If you have to miss a class, please arrange with us to make it up in a subsequent month.

The schedule will be as follows:

Day 1: 8:00 Am – 5:00 PM

1. Module 0 - Introduction to C.E.R.T.
2. Module 1 - Disaster Risk and Preparedness
3. Module 6 - ICS / Organization / Documentation
4. Module 4 - Fire Suppression
5. Module 8 - Terrorism
6. Module 9 - Radios

Day 2: 8:00 AM – 5:00 PM

1. Module 7 – Disaster Psychology
2. Module 5A - Light Search and Rescue: Search
3. Module 3 – Mass Casualty Incident/Triage
4. Module 5B – Light Search and Rescue: Patient Carry & Extrication

Day 3: 8:00 AM – 5:00 PM

Held at CCFD#3 Training Facility at 255 Carlsborg Rd, 2 blocks north of Hwy 101 and immediately north of Greywolf School. Turn left into the facility and park in the grassy area to the left of the driveway.

Module 4 - First Aid

Field Day Exercises: Search/Rescue/Communications/Carry/Forced Entry/360/Cribbing/Fire Extinguisher/Treatment Area/Assessment

This completes this basic course. There is no written test. You will receive course credit and a certificate for completion.

There is no fee for this course.

If you have any questions, please contact Blaine or Cindy Zechenelly (she is the paperwork coordinator) at [cindyiz@hotmail.com](mailto:cindyiz@hotmail.com).

**CLALLAM COUNTY  
EMERGENCY RESPONDER IDENTIFICATION CARD  
REQUEST FORM INSTRUCTIONS**

Dear applicant,

In accordance with the requirements to become certified as a Washington State Emergency Worker, certain information from you must be sent to Clallam County's Office of Emergency Management and then forwarded to the state. Upon completion of the vetting process, a certification card will be sent to you at the address you supply, or given to you by a leader of your CERT organization.

Attached are three forms you must complete and return to me. I will be taking a photograph of you during one of our CERT classes that will accompany your application. All of the information you supply will be held confidential. If you have any questions, please call 360-504-2531. As part of the review by the Clallam County Office of Emergency Management, additional information may be asked for by phone.

I thank you for considering becoming a Washington State Emergency Worker.

Blaine L. Zechenelly  
Disaster Planning  
Clallam County Fire District 3  
[blaine.zechenelly@outlook.com](mailto:blaine.zechenelly@outlook.com)

Attachments

**CLALLAM COUNTY FIRE PROTECTION DISTRICT NO. 3  
HOLD HARMLESS INDEMNIFICATION RELEASE**

In consideration of Clallam County Fire Protection District No. 3 "District" permitting the undersigned to use the District's training facility, props, equipment and tools, collectively referred to as "Training Facility" located at: 255 Carlsborg Road, Sequim, WA for the purpose of increasing the undersigned's knowledge and skills, the undersigned agrees as follows:

The undersigned understands and acknowledges that use of the Training Facility involves risk and potential for bodily injury to the undersigned and the undersigned acknowledges that:

Injures are a common and ordinary occurrence associated with the use of the Training Facility.

The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.

These risks and dangers may be caused by the action, inaction or negligence of the undersigned or the action, inaction or negligence of the others, including, but not limited to personnel, officers and agents of the District.

There may be other risks not known or not reasonably foreseeable at this time.

Recognizing the above risks, the undersigned agrees to release, indemnify and hold Clallam County Fire Protection District No. 3, its officials, employees, volunteers and agents harmless from and against the full amount of any and all costs and expenses (including without limitation, attorneys' fees and court costs incident to any suit, action, investigation or other proceeding), damages and losses, settlements, reductions or other adverse effects (collectively, "Losses") arising out of or resulting from any claims by the undersigned, the undersigned's agents and heirs and third parties relating to the undersigned's use of the District's Training Facility. This agreement is intended to include any and all claims, demands, obligations, actions, causes of action, damages and costs of any nature whatsoever, whether based on tort, contract, strict liability, constitutional claims, or other theory of recovery which now exists or which may hereafter accrue.

The undersigned agrees that the undersigned's obligations under this document extend to any claim, demand, and/or cause of action brought by, or on behalf of the undersigned and, any of the undersigned's heirs or agents.

**I HAVE CAREFULLY READ THIS HOLD HARMLESS/INDEMNIFICATION/RELEASE AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Reviewed: March 18, 2014

**NORTH OLYMPIC PENINSULA DISASTER PREPAREDNESS**

**TRAINING PROGRAMS HOLD HARMLESS/PERMISSION REQUEST**

I, (PRINT FULL NAME) \_\_\_\_\_ hereby  
request permission to participate in the: (CIRCLE) Community Emergency Response  
Team (CERT) program .

I acknowledge and personally accept any potential risks of personal injury and/or  
property damage that may result from engaging in the training program's outlined  
activities and my active physical participation. Therefore, regarding program sponsors,  
their agents and personnel, I agree to hold them harmless from any and all claims,  
actions, suits, and/or injury that I may suffer in association with my involvement in this  
program.

I understand and accept that I can be administratively removed from the program if I do  
not follow rules established by the instructors and exercise reasonable care while  
participating in the program.

My signature below certifies I understand and accept voluntarily the terms of this hold  
harmless release and permission request for the training program(s) I have chosen.

Signature/ Date: \_\_\_\_\_

Emergency Contact: (Print Name/Relationship): \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

Other Pertinent Information/Comments: \_\_\_\_\_

\_\_\_\_\_



**WAC 118-04-200**

**Personal responsibilities of Community Emergency Response Team volunteer workers.**

(1) Emergency workers shall be responsible to certify to the authorized officials registering them and using their services that they are aware of and will comply with all applicable responsibilities and requirements set forth in these rules.

(a) Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.

(b) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.

(c) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.

(d) Emergency workers participating in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180. All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.

(e) Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter 46.29 RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180.

(f) Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicle operator course or the emergency vehicle accident prevention course and who are duly authorized under state law to use special driving skills and equipment and who do so at the direction of an authorized official.

(2) Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services.

(3) When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.

(4) Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required recordkeeping and reporting.  
[Statutory Authority: Chapter 38.52 RCW, WSR 01-02-053, § 118-04-200, filed 12/28/00, effective 1/28/01; WSR 93-23-005 (Order 93-08), § 118-04-200, filed 11/4/93, effective 12/5/93.]

My signature indicates that I have received a copy of WAC 118-04-200 and am aware of the responsibilities of WA State Emergency Workers:

\_\_\_\_\_ Date \_\_\_\_\_

Print Name

\_\_\_\_\_  
Signature

**Please complete the attached Clallam County EMERGENCY RESPONDER IDENTIFICATION CARD page.**

Download the form. It is the second attachment.

Click to Open.

Click on "Enable Editing" if you cannot type. This is a fillable form.

Where ever there is an underscore \_\_\_\_\_ needs to be filled in through the Emergency Contact lines.

As you fill in an underscore, the \_\_\_ will disappear and you will have sufficient space for your personal information.

When you have completed everything through and including Emergency Contact, the Medical Information and QUALIFICATIONS are optional. Please read the Medical and decide if you might want us to have this just in case.

**No need to sign and you do not fill in the Approved By portions.**

Then, click on File.

Click on Save As – and enter: *ERID Your Name* as document name

Click on Desktop as a location to find it.

Close

Email this file to [cindyiz@hotmail.com](mailto:cindyiz@hotmail.com)

Thank you!

**Please complete the attached Clallam County Sheriff Department Background Check page.**

Download the form. It is the third attachment.

Click to Open.

Click on "Enable Editing" if you cannot type. This is a fillable form.

Fill in only the following data in the blank spaces beneath the headings:

Last Name

First Name

Middle Initial

Alias (If you use Joe instead of Joseph)

Address

City

D.O.B. – Date of Birth as 4/14/49 or 3-12-56

Race

Sex – F or M

HGT – Height in Inches (just the numbers)

WGT – Weight in Pounds (just the numbers)

Hair – color

Eyes – color

OLN(DL) Drivers License or ID Card Number

You do not need to fill in anything else or sign.

Click on File

Click on Save As - and enter: *CCSO Your Name* as document name

Click on Desktop as a location to find it

Close

Email this file to [cindyiz@hotmail.com](mailto:cindyiz@hotmail.com)

Thank you!



