

**Bonita Springs Fire Rescue and Control District
Community Emergency Response Team Program
Role of CERT Member**

I, _____, have completed the Bonita Springs Fire Control and Rescue District's Community Emergency Response Team Training Program. I understand that as a member of CERT my role is limited to those actions indicated in response to an emergency and as specified in my training while attending the Bonita Springs Fire Control and Rescue District's CERT program. I understand that I am responsible for all equipment that is issued to me. I further understand that if I leave the Bonita Springs Fire Control and Rescue District's CERT Program that all issued equipment, excluding my identification card, can remain in my possession so that I may use it during an emergency to help myself and my family. I recognize that as a member of a CERT I do not have the authority, power, or legal rights of action of Florida-certified law enforcement officers, firefighters or paramedics. Finally, I understand that as a member of CERT my responsibilities are to myself, my family, my neighbors and then to the surrounding neighborhood. I will proceed as directed by my CERT Captain and official emergency representatives of the Bonita Springs Fire Control and Rescue District.

Signature

Date

Printed Name

CERT Team Name

Bonita Springs Fire Control and Rescue District CERT Representative