A Volunteer Disaster Response Team

WELCOME

Aloha and welcome to the Kailua Community Emergency Response Team (CERT)! We are excited you are interested in training with us.

MISSION

The mission of Kailua CERT is to activate the Kailua Operations Center and mobilize CERTs and licensed amateur radio operators to save lives in response to a major disaster, such as a tsunami or hurricane, should one impact Kailua.

HISTORY

Kailua residents are taking an assertive approach to all-hazard preparedness, response, and recovery.

As a result of the Tohoku, Japan earthquake and tsunami on March 11, 2011, the Kailua Neighborhood Board's committee on Public Health, Public Safety, and Civil Defense designated the Kailua Disaster Preparedness Subcommittee (KDPSC) to address disaster preparedness. The KDPSC developed the <u>Kailua Multi-Hazard Mitigation Plan</u> and was instrumental in Kailua becoming the first city in Hawaii to be recognized by the National Oceanic and Atmospheric Administration (NOAA) and be designated as a Storm Ready / Tsunami Ready Community on January 9, 2012. In addition, on January 13, 2015, Kailua was the first city in Hawaii to be recognized by NOAA as a Weather-Ready Nation Ambassador, and in 2016, Kailua was also recognized by the Hawaii Emergency Management Agency under its Hawaii Hazard Awareness and Resiliency Program (HHARP).

In September 2013, Kailua became the first community on Oahu to form a community-based CERT. We were also first to develop a comprehensive <u>Disaster Response Plan</u> whereby we enhanced CERT standards to incorporate the rescue and care of mass casualties in a major disaster (a major disaster is one that exceeds the capability and capacity of first responders). We invite neighboring communities wanting to start a CERT to participate with us.

In September 2015, <u>Kailua Alert & Prepared</u> (KAP) was organized as an Internal Revenue Service 501(c)(3) nonprofit organization by members from the Kailua CERT and Kailua Neighborhood Board. KAP has a three-fold mission that helps Kailua residents prepare for allhazard events by: 1) promoting all-hazard preparedness; 2) equipping Kailua-based response and recovery groups; and 3) coordinating the distribution of essential and life-saving resources during the recovery phase of an event.

TRAINING

We typically meet the 3rd Tuesday of each month (except June and December), from 6:30 – 8:30 pm in the Adventist Health Castle (formerly Castle Medical Center) auditorium (check the Kailua CERT calendar for any last minute changes). At our monthly meetings, we train in CERT skills, learn from guest speakers, and have FUN! We conduct an annual full exercise that incorporates all facets of CERT operations – incident management, search and rescue, disaster medical, and amateur radio operations. As opportunities arise, we may also participate in state and military training exercises.

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OPPORTUNITIES TO PARTICIPATE

There is a place for everyone in CERT! We currently have over 30 people willing to activate in a real-world disaster, however, we need more volunteers! Here is a list of functions you may participate in:

- ➤ Incident Management Team
 - Incident Commander (IC) / Deputy IC
 - o Operations
 - o Planning
 - Admin
 - Administration
 - \circ Logistics
 - Admin
- Search and Rescue Operations (must be physically able to perform duties)
- Medical Treatment Operation (must be physically able to perform duties)
- Amateur Radio (must be have a General or above Federal Communications Commission license)

REQUIREMENTS

Requirements for training with Kailua CERT include:

- ➤ Having taken CERT training within the last 3 years (SAR & MTA Teams).
- ➤ Completing and submitting this volunteer packet, which consists of four forms:
 - Volunteer / Update Form
 - Waiver Form / Media Release Form
 - Emergency Information Form
 - Annual Fitness Assessment agreement
- Reading the <u>Kailua Disaster Response Plan</u> (for those who want to mobilize with Kailua CERT in the event of a real-world disaster).
- Having a positive attitude, being a team player, and desiring to help our community in a disaster.

CONFIDENTIALITY

The information you provide in the Volunteer Packet will remain confidential under the administration of the Kailua CERT Incident Management Team.

Please do not hesitate to contact me with any questions.

Mahalo!

Kailua CERT <u>KailuaCERT@gmail.com</u> www.facebook.com/kailuacert

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Volunteer / Update Form						
Reason(s) for Submission						
New Volunteer □	olunteer 🗆	r 🗆 Update Certifications 🗆			l	
No Changes from	$r \Box$ Change of C		Contact Numbers			
Change of E-mail \Box Change of Address \Box			Change Vehicle Info \Box Change Phone # \Box			
Personal Contact Information (for training and activation notifications)						
Last Name		First Name		M.I. (Optional)		
Home Address		City			State	Zip Code
Phone (Best #) Text Messag Yes No		-		ion Apps		1
E-mail Address						
Vehicle information for parking at the Kailua Operation Center						
Vehicle (1) Make and Model		Year and Color		License number		State
Vehicle (2) Make and Model		Year and Color		License number		State
Training and Certifications						
CERT Training - Date and state where completed (please email certificate to KailuaCERT@gmail.com):						
List <i>current</i> certifications, relevant skills, and related experience (please email copies of certificates):						
\square First Aid \square CPR \square AED						
Bleeding Control						
□ Amateur Radio License: call sign □ Technician □ General □ Extra						
□ FEMA IS 100, 200, 300, 400, 700, 800 (circle or highlight ones that apply)						
\Box Other (please list):						
Relevant occupational experience (RN, emergency manager, SAR, military, etc.):						
List other disaster response organizations that you currently volunteer for:						
□ American Red Cross □ Other (please list):						
In Medical Reserve Corps						
 Emergency Management Reserve Corps RACES 						
SIGNATURE OF VOLUNTEER (digital OK)				DATE		

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Liability Waiver

The undersigned person acknowledges that he/she is willing to volunteer with the Kailua Community Emergency Response Team (CERT), an all-volunteer unincorporated association, with full knowledge of the dangerous conditions and risks associated with the activities of training for and mobilizing in a real-world disaster event in incident management, search and rescue operations, disaster medical operations, and amateur radio operations, and that he/she assumes sole and entire responsibility for any property damage, injuries, or loss of life he/she may sustain in connection therewith.

In consideration of the privilege of training and mobilizing with Kailua CERT, the volunteer agrees to release Kailua CERT, Kailua Alert & Prepared, their directors, officers, agents, members, affiliates and groups from any and all liability for property damage, injury, or loss of life resulting from any cause whatsoever in connection therewith. This release and waiver extend to all claims of every kind whatsoever, foreseen or unforeseen, known and unknown.

In addition, I agree to abide by the nationally developed CERT training and the standard operating guidelines provided in the Kailua Disaster Response Plan, and any other properly established rules and regulations of Kailua CERT.

Finally, the information given on the Volunteer Form is true and correct to the best of my knowledge (if applicable).

Signature of Volunteer (digital OK)

Date

Media Release

I grant full permission to the Kailua CERT Coordinator, or their designated representative, to use my photographs, videotapes, motion pictures, recordings or any other record of this program for legitimate purpose at any time.

Signature of Volunteer (digital OK)

Date

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Emergency Information Form

Community Emergency Response Team work (search and rescue and disaster medical operations in both a training environment and in a disaster zone) is inherently risky. The information you **VOLUNTARILY** provide below will assist the Kailua CERT leadership team in making decisions regarding: 1) team assignments that meet your physical abilities, and 2) responding to any medical emergencies you may experience.

Your Name:

Emergency Contact Name: _____

Relationship to you:

Emergency Contact, Mobile Number:

Emergency Contact, Alternate Number:

Please list any medical conditions that may impact your role in CERT operations (such as asthma, diabetes, heart problems, etc.):

Please list any allergies to medications, insects, or food:

Annual Fitness Assessment

I am willing to participate in an annual Fitness Assessment:
Ves (sign below)
No

The fitness assessment consists of a 1-mile walk with CERT backpack, lifting and moving of debris (such as wood and cinder blocks), and 2-man lift and carry of a simulated survivor. You may participate in any or all of these tasks, depending on your physical abilities.

Signature of Volunteer (digital OK)

Date