





When disaster strikes, it is important that all Westshore residents receive the help and support they need, especially individuals who require specific forms of assistance due to physical or mental challenges.

OUR PURPOSE

The purpose of the Westshore Regional Community Emergency Response Team (CERT) SAFETYnet Program is to compile a confidential database of special needs residents in the Westshore Communities. If a disaster were to occur, large or small, volunteer members may be activated to make contact with SAFETYnet registered residents in the affected areas to check on their welfare and help meet their emergency needs; a caring connection of neighbors helping neighbors.

WESTSHORE COMMUNITIES

Bay Village
Fairview Park
Lakewood
North Olmsted
Rocky River
Westlake

WHO WE ARE

A local and regional part of the Cuyahoga County Citizen Corps, a component of the USA Freedom Corps under Homeland Security, the Westshore Regional CERT is made up of trained volunteers concerned about community disaster preparedness who seek to make the Westshore communities safer, stronger, and better prepared to be both disaster resistant and disaster resilient.

HOW TO REGISTER

To register for the SAFETYnet Program please complete and submit the attached registration form and PHI form to your Westshore community fire department or police department. You may also scan and e-mail the completed form to: granforst@north-olmsted.com or mail to:

Westshore CERT City of North Olmsted 5200 Dover Center Road North Olmsted OH 44070

For questions or concerns please call or e-mail Westshore Regional CERT Coordinator Tricia Granfors, (440) 716-4135, granforst@north-olmsted.com.







APPLICATION

The information voluntarily provided herein by Applicant is assembled solely for the purpose of providing volunteer services to persons with unique physical or mental challenges in the event of an emergency situation warranting the activation of the Community Emergency Response Team ("CERT"). *Please print or type clearly*.

Client Name:			
Client Address:			
(Street number) (Street na	me)	(City)	(Zip code)
Client Phone: Home: ()	Cell:(_)	
Client E-mail:			
Emergency Contact 1			
Name:	Relationship to	o Client:	
Address:			
(Street number) (Street name)		(City)	(Zip code)
Phone: Home: ()	Cell: <u>(</u>)	
E-mail:			
Emergency Contact 2			
Name:	Relationship to Client:		
Address:			
(Street number) (Street name)		(City)	(Zip code)
Phone: Home: ()	Cell: <u>(</u>)	
E-mail:			
For routine updates to the database, who	should be contac	eted?	
Client (directly)	ontact 1	Emergency Co	ontact 2

Please explain what type of assistance may be need and any other information you wish to provide. (A	- ·
If additional space is needed, please continue on sep	varate sheet of paper.
Applicant acknowledges that the personal information CERT and will be shared with volunteer members of situation. The personal information provided by Applicant Certain and through this application, Applicant certainformation to volunteer CERT members to facilitate emergency situation.	f CERT in the event of an actual emergency blicant will not be distributed to the general consents to the distribution of personal
Printed name of Applicant	
Signature of Applicant	Date
Applicant is:	
Client	
Emergency Contact	
Other:	

Submit completed application and PHI form to local police or fire department, mail to Westshore Regional CERT, City of North Olmsted, 5200 Dover Center Road, North Olmsted OH 44070, or e-mail to granforst@north-olmsted.com