



14th Annual CERT Youth Training Camp

June 8-12, 2015

Information and Application Packet



**Young Marines/Los Angeles County Sheriff's Department
14th Annual Youth CERT Camp
(Community Emergency Response Team)
Training**

**June 8-12, 2015
(Males & Females)**

Partnership between the Young Marines
Los Angeles County CERT Advisory Council
Los Angeles County Sheriff's Department
County of San Bernardino Office of Emergency Services
California State CERT Workgroup

Basic level #1 CERT training is open to anyone who is interested in Life Saving Skills, Disaster Preparedness, Fire Suppression, Cribbing, Light Search & Rescue, Triage, and Head to Toe Assessment. The class is a total of 21 hours that must be completed to receive the FEMA Certificate of graduation.

Overview: 4 day training camp consisting of basic CERT Level 1 for Teenagers 13-18 years old.

Certification in First-Aid/CPR class will also be provided.

Dates June 8-12, 2015

Time Reporting time for camp will be on Monday
June 8, 2015 between 0900-1200 hrs. (Out of state contact CLEPP Office for early arrival times)

Graduation 1100 Friday June 12, 2015

Location Camp Morning Star, 42727 Hwy 38, Angelus Oaks, CA 92305

Students Comprised of Government agency affiliated youth organizations:
**Young Marines and Police and Fire Department Explorers, JROTC,
Sea Cadets or Civil Air Patrol Cadets.**

Breakdown Maximum of 125 students

Cost

Per Student \$150.00 (**\$125 if application/payment is received by May 16, 2015**)

Includes: Billeting, Meals, Instruction, manuals, note taking materials, camp shirt, camp ball cap, and CERT Kit and training supplies.

Application

Processing Wilson Lee, LASD CERT Coordinator (Division 6 Young Marine Commander)
Los Angeles County Sheriff's Department
11515 Colima Rd, F-103 Whittier Ca, 90604
(562) 347-1080
email [wtlee@lasd.org](mailto:wtleee@lasd.org)

Additional information and application packets can be obtained by contacting the Community / Law Enforcement Partnership Programs Unit (CLEPP) by calling 562-347-1080 or via email at cert@lasd.org

Application Process

Deadline is Friday May 29, 2015. Applications will be processed on a “First Come First Serve Basis” Slots for each participating agency will allotted and filled as qualifying applications are received.

Application Package will consist of:

- 1 Completed Camp Application and Emergency Contact information
- 2 Completed and signed Camp Waiver Form
- 3 Check or Money Order for \$150.00 made payable to

**“Southland Young Marines”
Personal checks are accepted.**

Credit or debit card transactions are also accepted. Email cert@lasd.org for more information.

Completed applications packets (last 3 pages consisting of Application/Medical Consent and Waiver) will be forwarded to:

**Los Angeles County Sheriff’s Department C.L.E.P.P Unit
11515 Colima Rd, F-103 Whittier Ca, 90604
562-347-1080**

Once applicants are accepted, students will be forwarded and provided with detailed information on personal equipment requirements, directions and reporting procedures for CERT Camp.

PLEASE VISIT www.southlandyoungmarines.com for updates, copy of gear list and further information as it is posted.

CERT Camp (Community Emergency Response Team)

Introduction to Community Emergency Response Teams (CERT)

The Community Emergency Response Team concept was developed and implemented by the Los Angeles City Fire Department (LAFD) in 1985. The Whittier Narrows earthquake in 1987 underscored the area-wide threat of a major disaster in California. Further, it confirmed the need for training civilians to meet their immediate needs. As a result, the LAFD created the Disaster Preparedness Division with the purpose of training citizens and private and government employees.

The training program makes good sense and furthers the process of citizens understanding their responsibility in preparing for disaster. It also increases their ability to safely help themselves, their family and their neighbors. The Federal Emergency Management Agency (FEMA) recognizes the importance of preparing citizens. The Emergency Management Institute (EMI) and the National Fire Academy adopted and expanded the CERT materials believing them applicable to all hazards.

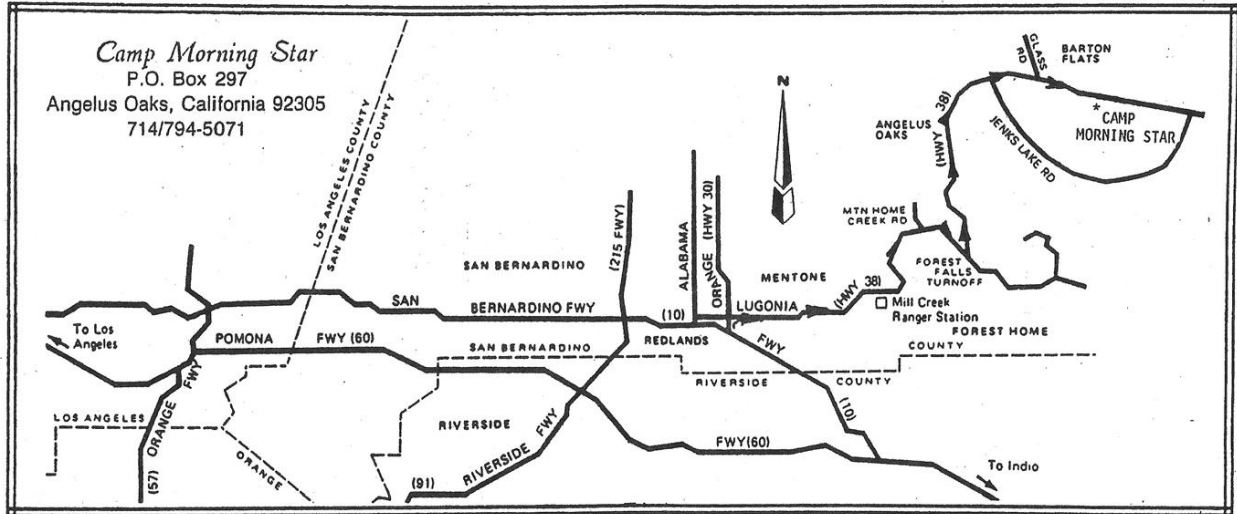
The CERT course will benefit any citizen who takes it. The individual will better prepared to respond to and cope with the aftermath of a disaster. Additionally, if a community wants to supplement its response capability after a disaster, civilians can be recruited and trained as neighborhood, business, and government teams that, in essence, will be auxiliary responders. These groups can provide immediate assistance to victims in their area, organize spontaneous volunteers who have not had the training, and collect disaster intelligence that will assist professional responders with prioritization and allocation of resources following a disaster.

Training is designed to cover the following:

- Disaster Preparedness
- Fire Safety
- Disaster Medical Operations - Triage and Treating Life Threatening Injuries
- Disaster Medical Operations - Assessment, Treatment, and Hygiene
- Light Search and Rescue
- Team Organization
- Disaster Psychology
- Terrorism and CERT
- Final Exercise

Sessions require about 21 hours to complete

MAP & DIRECTIONS TO CAMP MORNING STAR



<http://www.camp-morning-star.org/facilitiestour.html>

<http://www.camp-morning-star.org/default.html>



CERT CAMP 2015

Enrollment Application

PLEASE PRINT

Last Name _____ First Name _____ Middle Initial _____

Sex _____ Age _____ Date of Birth ____/____/____ T-Shirt Size _____

Home Street Address _____ City _____ State _____ Zip Code _____

Mother's Name _____

Home Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

Father's Name _____

Home Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

(Legal Guardian or Custodial Parent's Only) Name _____

Jurisdiction and Court Order Document Number _____

Home Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

PHOTO/VIDEO/FILM RELEASE

The CERT Camp may encounter the news media, video and film crews, or photographers for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that students and adults attending programs will be photographed. I give my consent to authorize the Young Marines of the Marine Corps League, The Los Angeles County Sheriff's Department or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named as the subject of this application during training or related activities. I understand there will be no compensation to me. All negative and positives, together with said prints, video or film are the property of the Young Marines of the Marine Corps League, and Los Angeles County Sheriff's Department, respectively, or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken during said training or related activities. I affirmatively release and discharge the Young Marines of the Marine Corps League and the Los Angeles County Sheriff's Department from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of your child while a participant in this activity

PERMISSION & WAIVER

I/We, the undersign, do hereby certify that I/We have read and fully understand the attached release and waiver; that I/We have fully Consented to such release and waiver and expressly give this minor permission to participate in the Young Marines Program. Furthermore, I/We certify that this application is complete, correct, and true to the best of my/our knowledge.

Mother /Legal Guardian Date and/or _____
Father/Legal Guardian Date



SOUTHLAND YOUNG MARINES

CERT Camp 2015

Emergency Contact and Medical Consent

PLEASE PRINT

Last Name _____ First Name _____ Middle Initial _____

Age _____ Date of Birth ____/____/____

Home Street Address _____ City _____ State _____ Zip Code _____

ADDITIONAL EMERGENCY CONTACT (Other than parent/guardian)

Name _____ Relationship _____

Home Address _____ City _____ State _____ Zip Code _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

Name _____ Relationship _____

Home Address _____ City _____ State _____ Zip Code _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

MEDICAL INSURANCE INFORMATION (Please provide front & back photocopy of Insurance Card)

Name of Medical Insurance Company _____

Policy Number _____ Contact Telephone Number (____) _____

Allergies, Special Requests etc...

In accordance with the Title II requirements of the Americans with Disabilities Act (ADA) of 1990, the Young Marines and Los Angeles County Sheriff's Department will not discriminate against qualified individuals with disabilities on the basis of disability in employment or in the admission and access to its facilities, programs, services, or activities.

Any person requesting reasonable accommodation, for services, or an activity, should contact the sponsor office as far in advance as possible but no later than 48 hours before the scheduled event.

Reference

Policy Memoranda 2005-03 Date: 8/04/2005 - Young Marines with Disabilities and Special Needs.

http://www.youngmarines.com/YM_UPLOADS/LibraryDownloads/PM_V3.pdf

http://www.lasdhq.org/aboutlasd/ada/ADA_Accessibility_Information.html

**CERT CAMP 2015
WAIVER OF LIABILITY**

Release executed on ____/____/____ by _____
(DATE) (NAME OF PARTICIPANT OR PARENT'S NAME)

and _____
(NAME OF MINOR)

of the City of _____, County of _____,
State of CALIFORNIA in favor of the United States Government. In consideration of receiving
permission from _____ (Parent/Guardian Name) to enter and
to conduct activities for CERT CAMP 2015, Camp Morningstar, Angeles Oaks California.

Commencing on or about June 8, 2015 and ending on or about June 12, 2015 I hereby release the
United States Government, Camp Morningstar and it's agents, The Young Marines of the Marine
Corps League, United States Marine Corps, The County of Los Angeles, including all its subdivisions,
officers, military personnel, employees, and agents from all liability for any injuries or death that may
result to me and/or my child from entry or activities within Camp Morningstar facility, whether caused
by negligence or otherwise. I acknowledge that I voluntarily accept such permission and that I am
under no compulsion to do so. I understand that by accepting the benefits of acceptance to Camp
Morningstar and conducting leisure and recreational activities on the facility, I incur no obligation
towards the United States Government, The County of Los Angeles and Young Marines except as
imposed by this release. I agree that this release not only binds myself, but also my family, heirs,
assigns, administrators, and executors.

Known risks include, but are not limited to:

(1) Injuries or death occurring from strenuous activities; (2) Injuries or death occurring from various
recreational activities, such as swimming; (3) Interactions with dangerous wildlife; (4) High volumes of
traffic by vehicles; (5) Significant distance from recreational areas to medical treatment facilities or
hospitals; and (6) Potentially hazardous training activities, including but not limited to, fire suppression
training, hiking and field maneuvers.

I further state that I, _____, have carefully read the
foregoing release and know the contents thereof and sign this release as my own free act, on behalf
of myself and/ or my children or children for whom I am authorized to act as a legal guardian.

Date Signature of Releaser

Witness: _____

AUTHORIZATION FOR MEDICAL TREATMENT

_____ has my permission to take any Over-the-Counter Medications as needed
Minor's Name
except for _____

List the Over-the-Counter Medications not to be taken while attending CERT Camp 2015. I verify
that the Registered Young Marine and Sheriff Department Staff have my permission to
take _____ to the nearest medical treatment facility for emergency
treatment. Minor's Name

Signature of Parent/Legal Guardian _____ Date _____