



COMMUNITY EMERGENCY RESPONSE TEAM VOLUNTEERS STATEMENT OF ACCOUNTABILITY

I, _____, choose to participate as a member of the Stafford County Emergency Response Team (SCCERT). As an SCCERT member, I understand that my participation may be critical to the County's provision of information and resources to citizens in need of service. I am happy to comply with the following:

I agree:

1. That I will respond, if physically able, when my team is activated.
2. That I will inform my family of my team responsibilities and make provisions for pets and valuables in advance.
3. That I will inform the Citizen Assistance Coordinator of any long term change in health or family responsibilities that would affect my ability to respond.
4. That to keep myself informed, I will attend quarterly training meetings provided by the County.
5. That I will release to the public only information provided to me by the Public Information Office; the Fire, Rescue, and Emergency Services Department; or the Sheriff's Office. I will refer members of the press to the Public Information Office.
6. That I will keep confidential within the office all information in regard to personal losses, struggles, and displays of emotion that may be revealed to me during my interactions with citizens.
7. I have carefully read the foregoing and do agree to these terms and conditions this _____ day of _____ 200_____

Volunteer