

Volunteer Emergency Worker Registration Form
Clark County Department of Emergency Management; 710 W 13th St; Vancouver, WA 98660-2810

Type of Application (Choose One):

Emergency Registration #:

Member Organization:

Last Name:

First:

MI:

Driver's License #:

State:

Physical Address:

City, St, Zip:

Mailing Address:

City, St, Zip:

Home Phone:

Cell Ph #:

Work Ph#:

Email:

Radio Call-sign:

For CERT Select One:

THIS IDENTIFICATION INFORMATION IS REQUIRED FOR OUR RECORDS BUT DOES NOT SHOW ON YOUR CARD !!!

Date of Birth:

Blood Type (if Known):

Sex:

Height Ft:

Inches:

Weight (lbs):

Natural Hair Color:

Eye Color (without contacts):

Physical Limitations or Disabilities (include any known allergies) If this section does not apply to you, please enter N/A.

In the event of an emergency please notify:

Name:

Relationship:

Home Ph #:

Cell Ph #:

Work Ph#:

I understand that checking this box and typing my name constitutes a legal signature affirming that the above entered information is true and accurate to the best of my knowledge.

Typed Applicant Name:

Date:

For the Emergency Worker: After completing page 1 of this form and affixing an electronic signature, please electronically forward the form as an email attachment to your Training/Group Coordinator for approval. Attach Picture to application or to email. (Picture should be a head and torso shot on a solid light background with applicant holding their current EW# and/or their name.) Your Training/Group Coordinator will then forward your application to CRESA (CRESAVolunteers@clark.wa.gov). CRESA will coordinate to ensure background check is completed for processing. CRESA will process the card application and return cards to groups Training/Group Coordinator for distribution. If you are registering your SAR animal, affix the animals name in the "First Name:" field above and the type of animal (K-9, Equine, etc) in the "Last Name" field.

TO BE COMPLETED BY LAW ENFORCEMENT OR DEPARTMENT LIAISON ONLY:

In what field is this emergency worker qualified to operate? (Choose one)

- | | |
|--|--|
| <input type="checkbox"/> Search and Rescue | <input type="checkbox"/> Communications (ARES/RACES) |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> CERT |
| <input type="checkbox"/> Underwater Diving | <input type="checkbox"/> Other: |

I certify this emergency worker has applied to be a member, or is an existing member, of the named organization and that he/she shall comply with all training standards and requirements of this organization.

Where applicable, I certify that a background check has been successfully completed for this emergency worker.

Check here if a background check has been completed.

For SAR Organizations only: I further certify that his emergency worker shall comply with all the training requirements for this class worker as stated in WAC 118-04-120 and all other requirements of Clark Regional Emergency Services Agency & Law Enforcement agencies within Clark County.

- I understand that checking this box constitutes a legal signature affirming under the penalty of perjury that the above listed individual has passed a criminal history background check.

Law Enforcement or Department Liaison Typed Name

Date

For Authorized Official Use Only:

What is the class of this emergency worker as defined in WAC 118.04.110?

- | | |
|---|--|
| <input type="checkbox"/> 1. Administration | <input type="checkbox"/> 10. Medical |
| <input type="checkbox"/> 2. Aviation | <input type="checkbox"/> 11. Public Education |
| <input type="checkbox"/> 3. Communications | <input type="checkbox"/> 12. Radiology |
| <input type="checkbox"/> 4. Engineering | <input type="checkbox"/> 13. Search and Rescue |
| <input type="checkbox"/> 5. Fire Service | <input type="checkbox"/> 14. Supply |
| <input type="checkbox"/> 6. General | <input type="checkbox"/> 15. Training |
| <input type="checkbox"/> 7. Hazardous Materials | <input type="checkbox"/> 16. Transportation |
| <input type="checkbox"/> 8. Law Enforcement | <input type="checkbox"/> 17. Underwater Diving |
| <input type="checkbox"/> 9. Mass Care | <input type="checkbox"/> 18. Utilities |

Authorized by

For Data Entry Use Only:

Entered by:

Date: