KCDEM
Serving the cities and communities of Kitsap County

Kitsap County Department of Emergency Management

DEM ID Number: _____

Full Name: _____ Birth Date: _____
Address: _____ City/State/Zip Code: _____

Home Phone: _____Cellular Phone: _____Pager: _____

E-mail (home): _____ E-mail (work): _____

I prefer any e-mail notices to go to: Home____ Work____

What activity would you like to volunteer for: (please check box of interest) IF you check more than one box, please mark them as 1st choice, 2nd choice, 3rd choice, etc.

HAM Radio Operator_____~Call sign_____ Public Education_____

Search & Rescue (Requires indiv. unit auth) _____ (What Unit?)_____

Shelter Volunteer: _Kingston, SUMC or Gateway_(circle one)_ Support_____ Other_____

Required Information:

Driver's License No.: _____State_____ Expiration date:_____

Sex: Male ___ Female ___ Weight ____ Height ____ Color Hair _____Color Eyes _____

Employer Name: _____Employer Address: _____

How Long:_____ Phone:_____ OK To Call?_____

How long have you lived in Washington State?_____

Are you able to perform the essential functions of a volunteer? YES____No____ If No, please explain accommodations needed:_____

Education/Work History

High School:_____Year Graduated: ____GED:____ Did not Graduate: ___

College: _____ Degree: _____Year Graduated: _____

Graduate Studies: _____ Degree: _____ Year Completed: ____

Medical: _____ Degree :_____ Year Completed: ____

Internship: _____ Degree: _____ Year Completed:_____

Current or Past Certificate or Licensure: _____Date Expired:_____ (type)_____

Do you have a current CPR card/certification? Yes ____No _____ Exp Date: _____ **Need copy**

Do you have a current First Aid card/certification? Yes ____No _____ Exp Date____**Need copy**

Do you have National Incident Management or Incident Command (NIMS/ICS) certification?

Yes_____ No____ **If YES, please provide copies if we don't already have them on file**

Do you have any disaster volunteer experience? No ___Yes ___ (please explain)

_____

_____

I am available:

Hours per month?_____

Mornings ____Afternoons ____Evenings ____Weekends____Emergency/Disaster Only____

If applying to become a Shelter Volunteer, please indicate what days of the week you can volunteer (please circle):

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

What type of trainings do you prefer? Classroom _____On-Line ____ Other: (please state)

_____

All Applicants:

In case of emergency please notify: Name: _____

Telephone: (home) _____(work)_____

Relationship: _____

I certify that the information on this application is correct to my best knowledge and belief.

_____ _____

Signature of Applicant Date

_____ _____ _____

Signature of Unit Leader (if applicable) Unit Date

Staff use only:

License Verification _____Background Check completed _____ Initials_____

Initials/date date

Entered into Database: _____ Initials_____

Entered into PIER: _____ Initials_____

ID date issued:_____ Initials_____ Expiration date:_____

KITSAP COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT

CRIMINAL HISTORY AUTHORIZATION FORM – EMERGENCY WORKER

Please print legibly and fill out completely – failure to do so may delay your application

_____/_____/_____
LAST NAME FIRST NAME MIDDLE NAME

ALIAS OR MAIDEN NAME(S) USED:
_____

RACE: _____ SEX (Circle): **M** / **F** DATE OF BIRTH: ____/_____/_____

SOCIAL SECURITY #_____/_____/_____

CURRENT ADDRESS:

_____/_____/_____
NUMBER & STREET CITY & STATE ZIP

PHONE NUMBER: (_____) _____-_____ CELL: (_____) _____-_____

DRIVERS LICENSE NUMBER & STATE:

_____/_____ EXP: _____

OTHER STATES LIVED IN:

_____

I hereby give permission for the Kitsap County Department of Emergency Management to conduct a Criminal History background investigation, and also obtain an abstract of my driving record if needed.

SIGNATURE: _____ DATE: _____

Parent or guardian of applicant must sign if under 18 years of age:

PRINT NAME: _____

SIGNATURE: _____DATE:_____

PERSONAL RESPONSIBILITES OF EMERGENCY WORKERS – AGREEMENT (WAC 118.04.200)

1. Emergency workers shall be responsible to certify to the authorized officials registering them and using their services that they are aware of and will comply with all applicable responsibilities and requirements set forth in these rules.
(a) Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.
(b) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.
(c) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.
(d) Emergency workers participating in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180 . All emergency workers driving vehicles to or from a mission and/or training event must possess a valid driver's license and required insurance.
(e) Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter 46.29 RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180.
(f) Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicle operator course or the emergency vehicle accident prevention course and who are duly authorized under state law to use special driving skills and equipment and who do so at the direction of an authorized official.
2. Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services.
3. When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.
4. Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required record keeping and reporting.

I have read, understand and agree to the Personal Responsibilities of an Emergency Worker (WAC 118.04.200)

PRINT NAME: _____

SIGNATURE: _____DATE: _____

KITSAP COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT

VOLUNTEER PLACEMENT STANDARDS AND EMERGENCY WORKER REQUIREMENTS

1. I am now a United States Citizen. YES / NO*
2. I can read, write and speak the English language, so as to be easily understood by others YES / NO*
3. I have read the attached DSHS Secretary's List of Crimes and Negative Actions that Kitsap County utilizes as a determining factor for the disqualifiers. I understand the guidelines and I do not have convictions in my background that will disqualify me from being a registered emergency worker for Kitsap County. YES / NO*

(If you selected NO* to any of the above questions, you will not be eligible to register as an emergency worker for Kitsap County).

DRIVING RECORD STANDARDS:

Candidates who apply for a position that requires driving must be able to fulfill all traveling requirements possessing and maintaining a valid Washington State Driver's License and the appropriate amount of automobile insurance. In an effort to determine whether there are any disqualifying factors in your driving history, please respond to the following questions:

1. Do you have a valid driver's license? _____ State of issue: _____
Have you had your license for at least one year? YES / NO*
NOTE: You must possess a valid Washington State Driver's License by time of appointment.

2. Are you at least 18 years old? YES / NO*

3. Has your driver's license been suspended in the last three years? YES* / NO

4. Has your driver's license been revoked in the last five years? YES* / NO

5. Have you been convicted in the last five years for any driving offense involving the use of drugs, alcohol, or any controlled substance? YES* / NO

6. Have you been found at-fault for two or more accidents in the last five years, or found at fault in any accident in the last five years resulting in a fatality? YES* / NO

7. Do you have any driving-related charges pending? YES* / NO
***If yes, please list:**

Conviction	Agency	Date	Disposition

Have you ever been arrested? YES / NO If yes, please explain:

I declare that this information is true and accurate. I grant Kitsap County Department of Emergency Management permission to conduct a criminal history background check using the above information. I understand that my participation in this program is contingent upon the accuracy of the above information and my following all laws and policies and procedures established by Kitsap County or its agents with regard to the emergency worker program and the activities of its volunteers.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Parent or guardian of applicant must sign if under 18 years of age:

PRINT NAME: _____

SIGNATURE: _____DATE:_____

Approved as to form this _____day of _____ , 20____

_____
Michele Moen, Volunteer Coordinator

Please send completed forms to:
Michele Moen, Office Assistant
KCDEM | 911 Carver Street | Bremerton | WA | 98312
(360) 307-5871 office | (360) 478-9802 fax

[EXCEPT programs administered by ADSA Home & Community Services & ADSA Residential Care Services]

Crimes:

A person who has a crime listed below is denied unsupervised access to vulnerable adults, juveniles, and children.

If "(5 or more years)" appears after a crime, the person is automatically denied unsupervised access unless 5 or more years has passed since the date of conviction.

After 5 years, an overall assessment of the person's character, competence and suitability to have unsupervised access will determine denial.

Abandonment of a child
Abandonment of a dependent person not against child (5 or more years)
Abuse or neglect of a child
Arson
Assault 1
Assault 2
Assault 3 Domestic Violence
Assault 3 not Domestic Violence (5 or more years)
Assault 4/simple assault (5 or more years)
Assault of a child
Bail jumping
Burglary (5 or more years)
Carnal knowledge
Child buying or selling
Child molestation
Coercion (5 or more years)
Commercial sexual abuse of a minor/ Patronizing a juvenile prostitute
Communication with a minor for immoral purposes
Controlled substance homicide
Criminal mistreatment
Custodial assault (5 or more years)
Custodial interference
Custodial sexual misconduct (5 or more years)
Dealing in depictions of minor engaged in sexual explicit conduct
Domestic Violence (felonies only)
Drive-by shooting
Extortion 1
Extortion 2 (5 or more years)
Forgery (5 or more years)
Harassment (5 or more years)

Harassment Domestic Violence
Homicide by abuse
Homicide by watercraft
Identity theft (5 or more years)
Incendiary devices (possess, manufacture, dispose)
Incest
Indecent exposure/Public indecency (Felony)
Indecent liberties
Kidnapping
Leading organized crime (5 or more years)
Luring
Malicious explosion 1
Malicious explosion 2
Malicious explosion 3 (5 or more years)
Malicious harassment
Malicious mischief (5 or more years)
Malicious mischief Domestic Violence
Malicious placement of an explosive 1
Malicious placement of an explosive 2 (5 or more years)
Malicious placement of an explosive 3 (5 or more years)
Malicious placement of imitation device 1 (5 or more years)
Manslaughter
Murder/Aggravated murder
Patronizing a prostitute (5 or more years)
Possess depictions minor engaged in sexual conduct
Possess explosive device (5 or more years)
Promoting pornography (5 or more years)
Promoting prostitution 1 (5 or more years)
Promoting prostitution 2 (5 or more years)
Promoting suicide attempt (5 or more years)
Prostitution (5 or more years)
Rape
Rape of child
Reckless endangerment (5 or more years)
Registered sex offender
Residential burglary (5 or more years)
Robbery
Selling or distributing erotic material to a minor
Sending or bringing into the state depictions of a minor
Sexual exploitation of minors
Sexual misconduct with a minor
Sexually violating human remains
Stalking (5 or more years)
Theft (5 or more years)
Unlawful imprisonment (5 or more years)
Unlawful use of bldg for drug purposes (5 or more years)
Use of machine gun in a felony
Vehicular assault
Vehicular homicide (negligent homicide)
Violation of child abuse restraining order

Violation of civil anti-harassment protection order
Violation of protection/contact/restraining order
Violation of the Imitation Controlled Substance Act

(manufacture/deliver/intent - 5 or more years)
Violation of Uniform Controlled Substance Act
(manufacture/deliver/intent - 5 or more years)
Violation of the Uniform Legend Drug Act
(manufacture/deliver/intent - 5 or more years)
Violation of the Uniform Precursor Drug Act
(manufacture/deliver/intent - 5 or more years
Voyeurism

Pending Crime – A person who has a pending crime on the Secretary's List is denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal by the court, the Secretary's List is applied.

Attempt RCW 9A.28.020; Conspiracy RCW 9A.28.030; and **Solicitation** RCW 9A.28.040. These crimes may appear with a listed crime, such as Burglary. When the crime of attempt, conspiracy, or solicitation appears in conjunction with a crime on this list, it is treated the same as the listed crime. Example: Unsupervised access is denied for Attempted Burglary for 5 years after the conviction.

Sexual Motivation – RCW 9.94A.835 –A person who has a court finding of sexual motivation is denied unsupervised access to vulnerable adults, juveniles, or children.

Bail Jumping – RCW 9A.76.170 - A person who has the crime of bail jumping is denied unsupervised access until a court decision is issued for the original crime that required bail. Upon conviction or acquittal by the court, the Secretary's List is applied.

Negative Actions are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults. A negative action is an administrative or civil action taken against an individual and may include:

A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding.

Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract.

Relinquishment of a license, certification, or contract in lieu of an agency negative action.

Revocation, suspension, denial or restriction placed on a professional license.