



Kitsap County Department of Emergency Management Volunteer/Emergency Worker Application



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 ___ T-Shirt size _____

Do you already have a DEM volunteer T-Shirt? _____

What activity would you like to volunteer for: (please check box of interest)

Public Education___ Support___ HAM Radio Operator___ Christian Medical Response Team (CMRT)___ American Red Cross (Regional and National Assignments)___ Search and Rescue (Requires individual unit authorization) ___ (What Unit?)___ Severe Weather Shelter: _____

Required Information:

Driver's License No.: _____ State _____ Social Security Number: _____

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? _____

Physical Disabilities: No ___ Yes ___ Please note any limitations here:

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 NIMS/ICS certification? Yes ___ No ___ **Please provide copies if Yes**

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

I am available:

Hours per month? _____

Mornings ___ Afternoons ___ Evenings ___ Weekends ___ Emergency/Disaster Only ___

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

Unit

Date

Staff use only:

License Verification Completed _____ Background Check completed _____
Initials _____ (Date) (Date)

Orientation Date _____ Assigned to _____

Entered into Database _____ Initials _____
(Date)

ID date issued _____ Initials _____