



Homeland Security Region 2 Medical Reserve Corps
911 Carver Street, Bremerton, WA 98312
360-307-5870 Fax 360-478-9802 dem@co.kitsap.wa.us

DEM Card Number

Volunteer Application

Personal Contact Information

Last Name _____ First Name _____ MI _____

Other name(s) used _____

Street Address: _____ Apt. # _____ City _____

County _____ State _____ Zip Code _____ - _____

Home Phone (____) _____ Cell Phone (____) _____

Personal Pager (____) _____ Home Fax (____) _____

E-mail Address _____

Work Contact Information

Occupation _____ Full Time Part Time Retired Student

Employer _____ Address: _____

General Phone (____) _____ Your Extension _____ Fax (____) _____

Additional Information

Emergency Contact _____ Phone (____) _____ Relationship _____

Drivers License: _____ Birthdate: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Sex: F M Physical Limitations: Yes No

Please note any limitations here: _____

Education

(Check highest level) High School College Graduate School Other _____

School Name _____ Location _____ Year Graduated _____

Type of Degree _____ Major/Specialization _____

License

(Professionals with a current license or certification in any health or mental health field)

Check all that apply: License # State Issued Expiration Date

- 1. MD DO _____
- 2. DVM VMD _____
- 3. DDS DMD _____
- 4. DC _____
- 5. PA _____
- 6. RN NP ARNP _____
- 7. LVN LPN _____
- 8. EMT/ Paramedic _____
- 9. Pharmacist _____
- 10. Psychiatrist/ Psychologist _____
- 11. LCSW MFT _____
- 12. Other Mental Health Practitioner _____
- 13. Other health related licenses, certifications, or degrees _____
- 14. Do you have prescriptive authority? Yes No

Please submit a copy of your current professional license with your application

Certificates & Training

Circle all that apply:

Certifications Most Recent Date Certifying Agency

- CPR _____
- First Aid _____
- Disaster Training _____
- CERT _____
- ACLS _____
- ATLS _____
- PALS _____
- Other _____

Check all that apply:

Training Most Recent Date Agency

- Incident Command System/NIMS _____
- Epidemiology _____
- Bioterrorism _____
- Terrorism and
Emergency Response to Terrorism _____
- CISM _____
- Other Training _____

Special Skills

What languages do you speak or understand other than English? Please list and indicate the level of fluency:

(Include sign language)

Languages Spoken Level of Fluency Read and Write?

_____ Excellent Fair Poor Yes No

_____ Excellent Fair Poor Yes No

Please list any other special skills you can bring to the Medical Reserve Corps:

Opportunities for Non-licensed Volunteers

Please indicate your areas of interest by checking below (you may check more than one area):

Volunteer Recruitment

Health Education Assistance

(Class registration, details, etc.)

Community Networking

Computer Support

Data Entry

Translation Assistance

Fundraising

Support Services for Emergency Incidents

Other _____

Non-emergency Opportunities for Licensed Volunteers

Please indicate your areas of interest by checking below (you may check more than one area):

Provide education and/or presentations on health topics:

(Check areas of interest or list your expertise)

Diabetes	Please indicate the day(s) and time of the week when you are available to volunteer (for non-emergencies): Day(s) of week Time
Obesity/ Healthy Lifestyles	
Smoking Cessation	_____
First Aid	How often are you interested in volunteering?
Health Screenings	Once a week _____ day(s) per month
Emergency Preparedness	I am only available in emergencies
Trauma/ Mental Health Topics	
Other topics _____	

Provide medical knowledge recommendations/ consultation to MRC as needed

Other _____

Other Information

Are you part of an emergency/disaster plan with any other organization? *(i.e. American Red Cross, a local hospital, etc.)* ? Yes No

If yes, please list: _____

If the opportunity were to arise, would you be interested in deploying to another state or country to provide assistance as a Medical Reserve Corps Volunteer?

How did you learn about the Medical Reserve Corps?

I hereby certify that all the information shown above is accurate. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment.

Signature of Applicant _____
Date

Signature of Unit Leader _____
Date

Please return application form to:

Kitsap County Department of Emergency Management
911 Carver Street
Bremerton, WA 98312
360-307-5870
Fax 360-478-9802

For Office Use Only

License Verification: _____ Date: _____
Background Check: _____ Date: _____
Entered Into Data Base: _____ Date: _____
ID Issued: _____ Date: _____

KITSAP COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT

PERSONAL RESPONSIBILITIES 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 can read, write and speak the English language, so as to be easily understood by others. YES / NO*
2. I have read and understand the attach DSHS Secretary's List of Crimes and Negative Actions that Kitsap County utilizes as a determining factor for disqualifiers. YES / NO
 - a. I **have** / **have not** been arrested for and/or convicted of any crime (**Circle One**: If YES, please briefly explain):

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
Has it been suspended more than once in the last five years? YES* / NO
4. Has your driver's license been revoked in the last five years? YES* / NO
5. Have you been convicted once in the last three years, or twice in the last five years for reckless driving or other similar offenses (e.g. careless driving)? YES* / NO
6. 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
7. Have you been convicted in the last five years for a hit and run offense involving bodily injury or reportable property damage? YES* / NO
8. 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
9. Any other traffic violations, except parking violations: Have you had more than one citation or conviction in the last year, three or more in the last three years or five or more in the last five years? (Note: Do not include "Photo Enforcement Tickets," which count as parking tickets.) YES* / NO

***If yes, please list all citations or convictions for the last five years - attach additional sheet, if necessary:**

Conviction	Agency	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

10. Do you have any driving-related charges pending? YES* / NO

***If yes, please list:**

Conviction	Agency	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

***If you selected any of the above answers with an asterisk in the Driving Record section, you may not be eligible to be considered for this position.**

I have read, understand and agree to the volunteer standards and driving standards.

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____

Phyllis A. Mann, Director

DSHS SECRETARY'S LIST OF CRIMES AND NEGATIVE ACTIONS
FOR USE BY ALL Programs Administered by DSHS, including DSHS State Employees in
Covered Positions

[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

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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.

Department of Health disciplining authority finding

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