



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): <b>Day(s) of week Time</b>
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:**

**For Office Use Only**

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

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

Updated April 2011/mm

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

Updated 04-28-2011/mm

Updated April 2011/mm