



Greater Spokane Emergency Management (GSEM) and Spokane County Sheriff's Office (SCSO) Registered Emergency Volunteers



Volunteer registration process

- Volunteer
 - Please complete and sign all five pages of the volunteer application and mail to:

MRC Coordinator, Spokane Regional Health District, 1101 W. College, Room 403,
Spokane, WA. 99201 or scan and email to MRC@srhd.org along with a copy of
driver's License or other government
issued photo ID.
- SCSO/GSEM
 - Performs Background check and sends unit leader only the first page of the
application form for passed applicants
- MRC of EW Coordinator.
 - Acknowledges receipt and preliminary acceptance into team.

ID card issuance requires:

- Must participate with unit to gain training and experience after acceptance
 - FEMA courses IS100 and 700 are required for all emergency workers and copies of certificates
must be submitted to the MRC of EW Coordinator
 - Current First Aid, CPR and Blood Borne Pathogens with copies or certificates must also be
sent to the MRC of EW Coordinator
 - FA/CPR courses must be **certified** by AHA, Red Cross, Medic FA, ASHI or Evergreen
Safety Council
 - BBP may be taken free at [Safe Response](#)
- NOTE: Copy of EMT, or higher, active medical credentials (physician, PA, ARNP, RN, LPN,
etc.) waives the requirement.**
- Volunteers must provide updated copies of certifications, including renewed
driver's license, to remain qualified for an ID





Volunteer Application Greater Spokane Emergency Management

PLEASE TYPE OR PRINT – FULLY ANSWER ALL QUESTIONS – USE INK ONLY

Name (Last):	(First):	(Middle):	
Street Address:			
Mailing Address:			
City:		State:	Zip Code:
Driver's License No:	Driver's License Expiration:	Date of Birth:	Sex (M/F):
Height:	Weight:	Color Eyes:	Color Hair:
Physical Disabilities (If any):			
Home Telephone:	Work Telephone:	Cell phone	
Email:			
I certify that the information on this card is true and correct to my best knowledge and belief. I authorize DEM to conduct a background investigation and drivers check		In Case of Emergency Please Notify:	
Emergency Worker Signature:	Date of Signature:	Name:	
Parent Signature if under 18 years old:		Telephone Number with Area Code:	
MRC of EW Coordinator		Relation to Emergency Worker:	
MRC of EW Coordinator Signature		Date of MRC of EW Coordinator signature:	

PHOTO IDENTIFICATION NECESSARY

You must submit a copy of an official federal or state photograph identification card with this application.
Examples are: **driver's license**, state identification card, passport, and military identification.

For Office Use ONLY

Background Checked and approved by:	Date	RMS	DOL
Registration Number:	Date:		

Spokane County Sheriff's Office Volunteer Personal History Form

READ INSTRUCTIONS CAREFULLY: This information must be accurately reported because it **may** be used as a basis for a detailed investigation of your background. Answer all of the questions. If you need additional space use Section 9: Supplemental. If the question does not apply to you place an "N/A" in the box. The applicant must be the person who completes this form.

Section 1: Personal Information

Date:	Current Employer/Supervisor
Legal Name: (Last, First Middle)	Other Names: (Maiden, Nickname, Alias)
Date of Birth:	Place of Birth: (City, State or Country)
Social Security Number: Last four digits.	Drivers License Number, State and Expiration:
Resident Address: (Number, Street, City, State, Zip Code)	Residence Phone Number:
Work and/or Cell Phone Number:	E-Mail Address:

Section 2: Emergency Contact

Name: (Last, First Middle)	Date of Birth:
Resident Address: (Number, Street, City, State, Zip Code)	Phone Number(s):

Section 3: Current Employer

Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)
Job Title:	Description of duties:	
Salary (Hourly & yearly) N/A	Employer Phone Number:	Supervisor Name:
Total Time Employed (Months)	Supervisor's Direct Phone Number:	Supervisor's Email:

Section 4: Military Service

Branch of Service:	Military Skill / Training: (Infantry, medic, etc.)
Rank or E- Grade:	Dates of service:
Present Military Status:	Type of separation: (If applicable)
Last Unit:	Last Unit Phone Number:

Section 5: Arrests, Traffic Citations and Convictions

List all arrests for any crime and/or traffic infractions. If you need additional space use Section 9: Supplemental.

Date	Charge or Type of Violation	Issuing Agency	Penalty or Fine

Section 6: Other Law Enforcement Contacts

Have you had any other contacts with any Law Enforcement agency? (e.g., Traffic stops that did not result in a ticket). List all contacts, either self-initiated or initiated by the agency. (No Exceptions) If you need additional space use Section 9: Supplemental.

Date	Reason	Agency

Section 7: General Information

If you answer, "Yes" to any of the following questions give a full explanation in Section 8: Supplemental. Explanations must include dates. A "Yes" answer will not necessarily disqualify you from the application process.

A.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used or tried an illegal controlled substance / Drugs? (Narcotics, Stimulants, Hallucinogenic, Marijuana, Sleeping pills/tranquilizers and/or someone else's prescription medication.) List all in Section 15: Supplemental.
B.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have civil actions pending against you?
C.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been detained or arrested for any reason?
D.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you ever involved in a disciplinary action at any of your jobs, school or in the military? (Include verbal, written and suspensions)
If you answer "No" to any of the following questions give a detailed explanation on the supplemental page.		
E.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen?
F.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Washington State Drivers License?



WAC 118-04-200
Personal Responsibilities of Emergency Workers.

(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 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 recordkeeping and reporting.

[Statutory Authority: Chapter [38.52](#) RCW. 01-02-053, § 118-04-200, filed 12/28/00, effective 1/28/01; 93-23-005 (Order 93-08), § 118-04-200, filed 11/4/93, effective 12/5/93.]

Signature of Applicant

Date