



EMERGENCY WORKER REGISTRATION INSTRUCTIONS

1. Complete the attached Registration, sign the Waiver/Authorization and Personal Responsibilities of Emergency Workers form.
2. Specify the group you are affiliated with – to be an emergency worker you need to have a group affiliation. (Example: Mountain Rescue, VIPS, Red Cross, etc.)
3. Enclose a copy of the completion certificates for IS-100, IS-700 and your First Aid/CPR card. (IS-100 and IS-700 are available as on line classes at www.fema.gov)
4. Return the application to:

Eileen Ervin
Chelan County Sheriff's Office
Emergency Management
408 N. Western
Wenatchee, WA 98801

5. When your application is received we will run a basic background check. Once that is done, and is satisfactory, and we have all the proofs for IS 100, IS 700 and First Aid, we will notify you that you can come in to get your ID card.

Questions? Contact Eileen at 509-667-6848, Monday-Thursday 7 a.m. – 4 p.m.

EMERGENCY WORKER REGISTRATION					
JURISDICTION: Chelan County				ISSUE DATE:	REGISTRATION NO.
NAME (LAST)	(FIRST)	(MIDDLE)	E-MAIL		
ADDRESS					
ADDRESS (MAILING)					
CITY			STATE	ZIP	
DRIVER'S LICENSE NUMBER			DATE OF BIRTH	BLOOD TYPE	SEX
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		
PHYSICAL DISABILITIES (IF ANY)				SOCIAL SECURITY NUMBER	
HOME PHONE		WORK PHONE		CELL PHONE	
				CARRIER	
GROUP AFFILIATION (SUCH AS MOUNTAIN RESCUE, RED CROSS, ETC.)				CAN YOU RECEIVE TEXT MESSAGES? Y N	
I certify that the information on this card is true and correct to my best knowledge and belief.				In case of Emergency Please Notify	
Emergency Worker Signature:				Name	
Date of Signature:				Telephone Number with Area Code	
For Official Use Only: ICS 100 ICS 700 FIRST AID CPR				Relation	

WAC 118-04-200 Personal Responsibilities of emergency workers

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.

I have read the above WAC (118-04-200) – Personal responsibilities of emergency workers.

Signature

Date

WAIVER and AUTHORIZATION TO RELEASE INFORMATION

I respectfully request and authorize you to furnish any law enforcement agency any and all information that you may have concerning me, my employment record, school record, military history, criminal record, and general reputation. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature, and photocopies of the same if requested. This information will be used for the purpose of determining my eligibility for a volunteer position in the Chelan County Sheriff's Volunteer Services.

This waiver and authorization shall supersede any prior waiver, authorization, release or direction that I may have given you to the contrary concerning my records.

I understand my rights under Title 5, U.S.C., Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by a law enforcement agency in conjunction with the volunteer process.

I hereby release you, your organization or others from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications as a volunteer within the Chelan County Sheriff's Volunteer Services.

Print Your Full Name Date of Birth Social Security Number

Signature Address

If you are under 18 years of age, please have your parent or guardian sign below.

By signing for my son or daughter, I understand he/she will be required to commit time to this program in Chelan County. I also understand a background check will be completed by the Chelan County Sheriff's Office.

Signature Parent of: _____
Date: _____

