

**Jefferson County
Department of Emergency Management
81 Elkins Road, Port Hadlock, WA 98339
(360) 385-3831, Ext 529**

Date: _____

As a volunteer Emergency Worker with the Jefferson County Department of Emergency Management, I, the undersigned, understand and accept the terms and responsibilities of being issued an Emergency Worker Identification Card and agree that the identification card will only be used in the performance of my official duties as a registered Emergency Worker under the provisions of WAC 118.04.

I agree that the card issued to me remains the property of Jefferson County and will be surrendered upon demand of the Director of Emergency Management. I also agree that within thirty (30) days of termination of voluntary service as an Emergency Worker with the Jefferson County Department of Emergency Management, for whatever reason, I will return the card to office of the Director of Emergency Management.

Print Name: _____ Signature: _____

Card Number: _____