

**JEFFERSON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT
EMERGENCY WORKER REGISTRATION WORK SHEET**

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Please print clearly - illegible applications will be returned

APPLICANT LAST NAME		MIDDLE INITIAL	
FIRST NAME		SSN	
DATE OF BIRTH		DR LICENSE NO	
STREET ADDRESS			
DAY PHONE		HOME PHONE	
EMAIL		HAM LICENSE CALL	
DESCRIPTION	HEIGHT		WEIGHT
	HAIR COLOR		EYE COLOR
EMERGENCY NOTIFICATION	NAME		
	PHONE		
VOLUNTEER ORGANIZATION			
WAC 118-04 PROVIDED	<input type="checkbox"/> YES	You are required to understand your rights and responsibilities as an Emergency Worker under the provisions of WAC 118-04. You should be provided a copy by the volunteer organization.	
SIGNATURE OF APPLICANT			DATE

VOLUNTEER ORGANIZATION USE ONLY			
EMERGENCY WORKER CLASSIFICATION	<input type="checkbox"/> Administration <input type="checkbox"/> Communications <input type="checkbox"/> General <input type="checkbox"/> General (provisional) CERT or NEP <input type="checkbox"/> Search and Rescue -----> <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____	IF SEARCH AND RESCUE: <input type="checkbox"/> Novice <input type="checkbox"/> Support <input type="checkbox"/> Field Search and Rescue (See WAC 118-04-120)	
JOB DESCRIPTION/DUTIES ASSIGNED			
SIGNATURE OF SPONSOR AGENT			DATE

DEPARTMENT OF EMERGENCY MANAGEMENT USE ONLY			
REGISTRATION CARD ISSUED	DATE		BY
VOLUNTEER REGISTRATION NUMBER ASSIGNED			
RESTRICTIONS, IF ANY			