



Benton County Emergency Management (BCEM) Volunteer / Emergency Worker Application

APPLICANT INFORMATION:

First Name: _____ Last Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Phone: _____ Work: _____

Email (Home): _____ Email (Work): _____

I prefer any email notices to go to: Home ____ Work ____

EMERGENCY WORKER ASSIGNMENT: (Please check box)

Aviation Amateur Radio BCCOAD CBDR CERT

Benton-Franklin Mounted Sheriff's Posse Search & Rescue (Unit: _____)

Other: _____

REQUIRED INFORMATION:

Driver's License Number: _____ State: _____ Sex: _____

Height: _____ Weight: _____ Color-Hair: _____ Color-Eyes _____

Physical Disabilities? Yes ____ No ____ Please note any limitations: _____

EDUCATION | WORK HISTORY:

Do you have a current CPR card/certification? Yes ____ No ____ Expire Date: _____ (attach copy)

Do you have a current First Aid card/certification? Yes ____ No ____ Expire Date: _____ (attach copy)

Do you have a NIMS/ICS certification? Yes ____ No ____ (attach copy)

Do you have any volunteer disaster experience? Yes ____ No ____ (please explain)

I AM AVAILABLE:

___ Mornings ___ Afternoons ___ Evenings ___ Weekends ___ Emergency /Disaster Only

What type of trainings do you prefer?

___ Classroom ___ Online ___ Other (please identify): _____

ALL APPLICANTS:

In case of emergency, please notify:

Name: _____ Relationship: _____

Phone (home): _____ Phone (work): _____

I certify that the information on this application is correct to the best knowledge and belief.

Applicant Printed Name

Signature of Applicant

Date

Signature of EM Manager

Date

STAFF USE ONLY:

Accounting Review:

Date

Initials

Background Check Completed:

Date

Initials

Entered into Database:

Date

Initials

BC# issued

Initials

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 record keeping and reporting.



EMERGENCY WORKER BACKGROUND APPLICATION FORM
651 Truman Ave., Richland, WA 99352
Phone: 509.628.8496 * Fax: 509.628.2621
Email: j.george@bces.wa.gov * Website: www.bces.wa.gov

CERTIFICATION OF AUTHORIZATION

Card No. _____
Assignment: _____ C B D R
Renewal? Yes ____ No ____
New Volunteer _____

I (name, please print) _____ certify that:

- a. I am in adequate physical condition to carry out the emergency assignment given to me and that I am not subject to any medical problems or other infirmity of body or mind, except as noted on the Emergency Worker Application card, which might render me unfit to carry out my emergency assignment.
- b. I am able to speak, read, and write the English Language.
- c. I am not addicted to the use of intoxicating liquors, narcotics, nor use of any controlled substances.
- d. Have you been arrested for and/or convicted of any crime ____ Yes ____ No. If yes, please explain below.
- e. I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of the Manager of Benton County Emergency Management.
- f. I have read and understand the WAC 118.04.200 (attached) please initial _____
- g. I understand that I must possess a valid driver's license and auto liability insurance to meet state requirements if I drive to or from a mission and/or training event.
- h. I hereby give permission for the Benton County Emergency Management to conduct a Criminal History in accordance with RCW 43.43.830-839 and waive any right of privacy I may have in such information for the limited purpose of the agency considering. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults or who will be working with confidential information).

Signed: _____ Date: _____
(Signature of Applicant)

Approved as to form this _____ day of _____, _____

Deanna Davis, BCEM Manager

Note: If your background investigation reveals criminal activity, Benton County Emergency Management will review on a case-by-case basis.