

Volunteer Emergency Worker Registration Form
CLARK COUNTY, WASHINGTON

EMERGENCY WORKER REGISTRATION #: _____ (LEAVE BLANK IF UNKNOWN)

LAST NAME: _____

FIRST NAME: _____ M.I. _____

MEMBER ORGANIZATION: _____

FOR C.E.R.T. CHECK ONE: CENTRAL EAST NORTH NORTHWEST WEST VANCOUVER

NEW MEMBER CARD RENEWAL CHANGE OF INFORMATION

HOME TELEPHONE: (_____) _____ WORK TELEPHONE: (_____) _____

PAGER: (_____) _____ CELL PHONE: (_____) _____

E-MAIL: _____ RADIO CALL SIGN: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHYSICAL/SHIPPING ADDRESS: (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE: _____ [SOCIAL SECURITY NUMBER IS NO LONGER USED]

THIS IDENTIFICATION INFORMATION IS REQUIRED FOR OUR RECORDS BUT DOES NOT SHOW ON YOUR CARD

DATE OF BIRTH: (MM/DD/YYYY FORMAT) ___ / ___ / ___ BLOOD TYPE: (IF KNOWN) _____

MALE FEMALE HEIGHT: ___ FEET ___ INCHES WEIGHT: _____ LBS (DOESN'T APPEAR ON CARD!)

NATURAL COLOR OF HAIR: _____ EYE COLOR: (WITHOUT CONTACTS) _____

PHYSICAL LIMITATIONS OR DISABILITIES:

IN CASE OF EMERGENCY PLEASE NOTIFY

NAME: _____ PHONE: (_____) _____

2ND PHONE: (_____) _____ PAGER: (_____) _____

Relationship: _____

I certify that the information on this card is correct to my best knowledge and belief.	
↓ _____ WORKER SIGNATURE	_____ DATE ←

FOR EMERGENCY WORKER: PLEASE SIGN AND DATE THIS FORM NOW AND THEN TURN IT IN TO YOUR TRAINING COORDINATOR FOR PROCESSING. IF A BACKGROUND CHECK IS REQUIRED FOR YOUR ORGANIZATION, YOU MAY BE ASKED TO PROVIDE ADDITIONAL INFORMATION AND SIGN A RELEASE FOR IT.

EMERGENCY WORKER: DO NOT FILL OUT ANYTHING ON THIS PAGE

FOR MEMBER COORDINATOR USE ONLY:

In what field is this emergency worker qualified to operate

- Search & Rescue
- Aviation
- Underwater Diving
- Communications (ARES/RACES)
- CERT
- Other _____

Check here if background check was completed

I certify that this emergency worker is an official member of the named organization and that the worker complies with all the training standards and requirements of this organization.

Where applicable, I certify that a background check has been successfully completed for this emergency worker.

For SAR organizations: I certify that this emergency worker will comply with all requirements of WAC 118-04-120 and all other requirements of Clark Regional Emergency Services Agency and law enforcement agencies within Clark County.

MEMBER COORDINATOR SIGNATURE

DATE

FORWARD COMPLETED FORM TO CRESA: 710 W. 13TH STREET, VANCOUVER, WA 98660-2810

FOR AUTHORIZED OFFICIAL USE ONLY:

What is the class of this emergency worker as defined in 118.04.100?

- 1. Administration
- 2. Aviation
- 3. Communications
- 4. Engineering
- 5. Fire Service
- 6. General
- 7. Hazardous Materials
- 8. Law Enforcement
- 9. Mass Care
- 10. Medical
- 11. Public Education
- 12. Radiological
- 13. Search & Rescue
- 14. Supply
- 15. Training
- 16. Transportation
- 17. Underwater Diving
- 18. Utilities

AUTHORIZING SIGNATURE

DATE

FOR DATA ENTRY USE ONLY:

ENTERED BY: _____ DATE: _____