

# OLYMPIC MOUNTAIN RESCUE



KITSAP COUNTY  
DEPARTMENT OF EMERGENCY  
MANAGEMENT  
  
OPERATING GUIDELINES  
2015

Updated with 2016 DEM Application

OLYMPIC MOUNTAIN RESCUE  
OPERATING GUIDELINES

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## INTRODUCTION

Olympic Mountain Rescue (OMR) is a volunteer organization dedicated to saving lives through rescue and mountain safety education. We specialize in search and rescue operations in rugged wilderness areas involving high angle rock, snow and ice. We also provide technical expertise for search and rescue on rivers, canyons, heavy timber, brush and aircraft searches. Our missions are spread out along the Olympic peninsula and throughout the cascades, from the Canadian border to the Oregon border. In addition to rescue work, we actively promote back country safety. In particular, we participate in educational seminars of interest to the outdoor community, help local schools with mountaineering programs, distribute a variety of safety brochures and show outdoor safety films to interested groups. We also author the "Climber's Guide to the Olympic Mountains," published by the Mountaineers.

## I. EQUIPMENT

Each OMR member is required to obtain and maintain their own personal equipment necessary to participate in mountain rescue operations. Members may also be responsible for radios or other gear issued by the unit. Unit issued gear will be returned to OMR upon the resignation of the member or at the request of a board member.

## II. RESPONSE

Although participation is not mandatory, each OMR member is considered to be "on call" to respond to search and rescue missions, twenty four hours a day, seven days a week. As a member it is your responsibility to notify the Response Coordinator of your status as soon as practically possible for each mission. Further, when you anticipate being unavailable for an extended period of time for whatever reason, it is your responsibility to notify the Response Coordinator ahead of time.

## III. COMPOSITION OF TEAM

OMR can function as a fully self-supported volunteer organization to render assistance directly to the Sheriff or other requesting agency, or to augment other Search and Rescue Teams. OMR works directly for the Kitsap County Sheriff's office and therefore, Washington State's Emergency Management Division (EMD).

Eligibility is open to men and women, age 21 or older, who possess the physical attributes and stamina necessary to safely and effectively participate in strenuous and technical search and rescue operations and who satisfactorily complete a six-month probationary period as described in the guidelines for new member acceptance.

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## **GUIDELINE FOR CALLOUT PROCEDURES**

**PURPOSE:** The purpose of this guideline is to outline the callout procedure for OMR members and establish expectations of member response.

**GENERAL:** Dispatching an OMR team in response to SAR mission originates with the Sheriff or NPS Law Enforcement Ranger within the SAR geographic location requesting assistance from the Emergency Management Division. SAR skills and team size are identified and an official team request is routed to OMR via the Kitsap County Sheriff's Office SAR deputy. The initial notice to OMR happens via our phone number, answered 24/7 by a live operator, and with messages delivered immediately to the OMR Rescue Coordinators (RC) via cell text message or direct phone contact. Rescue Coordinators ensure that someone from the unit is always prepared to receive SAR requests. The answering service has a SOP list in case the primary RC's cannot be reached. Occasionally RC's may get advance alert of pending mission activity from deputies or rangers or other WMRA teams via phone or email. Although this allows for better resource coordination, NO OMR members can initiate travel to SAR without being officially requested by DEM with a mission number. After the initial answering service message delivery a RC will contact the requesting jurisdiction attempting to get more accurate mission details and reporting location. For prompt SAR response the RC must be prepared to initiate a callout from any location they may be located. This could be on a road shoulder or in another state. Often if more than one RC is available, one will focus on the SAR details collection while a second begins the team callout process. Activity in this phase includes finding a team member qualified to fill the Operations Chief position for the mission. Some other considerations in planning are; travel time, routes, arranging for ferry priority loading, checking weather forecasts, and rendezvous locations besides Westgate depending on the SAR location and timeframe.

The RC's have several callout techniques that can be used to contact the OMR membership in order to construct a field team. While several callout tools are available the method used for any mission request is determined first based on the anticipated personnel needs and second where the RCs are when request is initiated. A single RC pulled off on the road shoulder, will likely use a much abbreviated callout process compared to having two RC's at home with full screen computers and multiple phone lines to work with. For most missions the RC will use a Yahoo based OMR alerts email notice technique. Primarily this will send text to member's cell phones with minimal mission details. Sometimes emails will also be sent to share more mission details if this is judged useful. Members getting a text message with an obvious phone number; 360-830-4055\*911 and mention of rescue and OMR should be clear that a response from them is expected. The most important part of this message will be the \*911 which indicates that status is requested. Be advised the \*119 following a phone indicates a turnaround or cancel alert and does not require a call-in.

It is very important to remember that the actual callout phone number seen with a message will not always be the actual above number since that will depend on who and where the callout is being dispatched from. Since it has been said the typical alert will come to a cell phone it will be tempting to simply hit the reply button for status report. This is NOT preferred because again with a single RC conducting the entire callout, they will not likely be reviewing text responses because things are happening fast. The \*911 should trigger an actual phone call to the number in the message. Obviously if you are in Nebraska visiting relatives or in a hospital bed you will not be going on the mission so do not feel compelled to make immediate response, but it is still helpful to get all status so more follow up calls can be eliminated. When calling in, be prepared for a quick handoff since the RC will likely be getting

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call waiting while you are talking. Likewise if you call in and the line is busy call back so you can make positive contact with the RC. Members should realize at this stage of the callout, information is often sketchy or non-existent making it important to quickly exchange information to build the field team. Other details will be issued with follow up calls or texts. Members calling in should have a clear idea of how much time they can spend. Some missions will have needs for overnight or multiple day commitments, especially when long travel times are involved.

When a departure time for Westgate is given, this is the LEAVE time; you need to be there before this time. When you agree to join the mission make sure you have a realistic idea of preparation and travel time. If you have any concerns, make these known up front. The time when a team member calls in to volunteer for the mission will be the overall start time of their involvement and will end when they return home. These times will be recorded on the mission EMD-078 form as the overall mission times. Mileages in the OMR Truck and private vehicles should be accurately reported. Team members carpooling should indicate as such on the EMD-078 by only entering the actual miles driven by that member.

Callout response summary:

You will receive a text message or email with a phone number e.g.; "360-830-4055\*911 OMR mission need team". Call the number listed in the message and report your availability (can go or cannot go) to the Rescue Coordinator.

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**GUIDELINES FOR NEW MEMBER ACCEPTANCE**

**PURPOSE:** The purpose of this document is to establish guidelines for processing new members into Olympic Mountain Rescue. Typically this will be as a Rescue Support member but past experience in search and rescue may be used to deviate from this schedule at the discretion of the board of directors.

**REFERENCES:** MRA POLICY 105

**NEW MEMBERS:**

**A. APPLICATION SUBMITAL PROCESS**

- a. Applications to OMR will be accepted throughout the year (Appendix A). These applications will be kept on file by the Membership Coordinator until time for processing.
- b. December 31<sup>st</sup> will typically be the last day applications will be accepted for the next membership cycle, with exceptions made in situations where at the board's discretion the applicant's experience would permit him or her to enter the current membership cycle.

**B. SELECTION PROCESS**

- a. In January of each year the board of directors will meet to review all applications and select the individuals to accept as trainees.
- b. The following is expected from prospective members:
  1. Be comfortable operating in a high angle, high exposure environment.
  2. Capable of following class 5.5 rock climbing.
  3. Competent with glacier and crevasse rescue techniques.
  4. Graduate of the Mountaineers intermediate mountaineering course, or equivalent mountaineering experience.
  5. Currently active in mountaineering and climbing.
  6. Possess a current first aid and CPR training card or receive one during the probationary period.
  7. Be a minimum of 21 years of age and in good physical condition.

**C. PROBATIONARY PERIOD**

- a. Members selected will be directed to fill out the DEM application (Appendix B). This form will need to be signed by the applicant and the Chairman of OMR or his representative. Members will not be able to participate in field trainings until this application is approved and a DEM card is issued.
- b. Members selected will be directed to complete IC-100.b and IC-700.a courses with a passing grade and submit their certifications to the Membership Coordinator.
- c. Members selected will also need to either complete the Basic Helicopter course from the MRA, a state approved course, or participate in an A-100 course. Certificates must be provided to the Membership Coordinator for OMR records.
- d. Skill specific training will be conducted in the first two quarters of the year and attendance is mandatory. Any absences will need to be approved by the Chairman or Vice-Chairman of OMR. Members not meeting participation requirements will be denied membership and directed to reapply the following year. Initial training will typically consist of one weekend day a month and include the following:

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1. Snow/Avalanche training
2. SAR academy (two day)
3. Rigging
4. Helicopter course and live helicopter training.

D. OMR MEMBERSHIP

- a. At the June general meeting, prospective members will be voted on by the general membership, and if accepted, placed in the Rescue Support category.

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**GUIDELINES FOR OPERATION CHIEFS**

**PURPOSE:** The purpose of this document is to establish guidelines for OMR Operation Chiefs.

**REFERENCES:** MRA POLICY 105

**GENERAL:** A member whose primary function is to supervise and manage search and rescue operations and provide leadership for the rescue team. The OC interfaces with local authorities and other search and rescue units as a representative of OMR. The OC is responsible for ensuring all members have signed into the EMD-078 and upon completion of the mission provide copies of the EMD-078 to the county DEM and the membership coordinator. This position provides leadership and direction typically from the base of operations and is responsible for the overall health and safety of all team members. The OC meets the essential requirements of the Mountain Rescue Operations Chief as stated in MRA Policy 105.1. Typically this person would have already served as a leader in Mountain Rescue in the past.

**ASSIGNMENT:** Operation Chiefs are assigned by the OMR board of directors. The callout roster has an active list of available OC's. In the event an OC is not available the STL will need to perform the administrative duties of the OC.



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**GUIDELINES FOR STRIKE TEAM LEADERS**

**PURPOSE:** The purpose of this document is to establish guidelines for OMR Strike Team Leaders.

**REFERENCES:** MRA POLICY 105

**GENERAL:** Strike Team Leaders (STL) are responsible for performing tactical assignments assigned to the Strike Team or a Task Force of multiple field teams. These teams could include members from more than one MRA unit. The STL must have technical knowledge sufficient to accomplish the assigned task. The STL reports work progress, resources status, and other important information to the OC and Incident Commander and maintains records on assigned personnel.

**ASSIGNMENT:** Strike Team Leaders are assigned by the OMR board of directors. The callout roster has an active list of available STL's. In the event no STL's are available for a particular mission, the callout coordinator can assign someone to perform the actions of the STL based on the complexity of the mission.

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## GUIDELINES FOR MEMBERS

**PURPOSE:** The purpose of this document is to establish guidelines for OMR Members.

**REFERENCES:** MRA POLICY 105.1

**GENERAL:** Members are generally grouped into two categories: Rescue and Rescue Support.

The board of directors assigns the category each member falls under depending on experience, involvement, and technical knowledge.

### ● **SUPPORT MEMBER**

1. Position description.
  - a. Usually operates under the supervision of a RESCUE MEMBER, whose primary function is to assist and support in searches and rescues of those in trouble in wilderness or mountainous environments, or environments usually greater than 25 degrees inclination, or wherever rope systems or three points of contact are commonly necessary, and includes snow or ice covered terrain, crevasse, back country, and alpine SAR.
  - b. Able to respond into the field and back country, and initially assess and possibly access easily reached subjects in non-technical terrain, in one or more of the categories of Search, Technical Rock, and Snow and Ice under technician section.
  - c. Usually does not perform any operation or rescue alone and usually would not lead a crew.
2. Requirements;
  - a. Capable of supporting and assisting in all areas under "General Knowledge" under Rescue Member section.
  - b. Capable of supporting and assisting in one or more areas under "Search", Technical Rock" and/or "Snow and Ice" under Rescue Member section.

### ● **RESCUE MEMBER**

1. Position description.

Member whose primary function is to perform searches for and rescues of those in trouble in wilderness or mountainous environments, or environments usually greater than 25 degrees inclination, or wherever rope systems or three points of contact are commonly necessary, and includes snow or ice covered terrain, crevasse, back country, and alpine SAR. Rescue members designated as Strike Team Leaders may supervise teams.
2. Requirements
  - a. Minimum one year's experience in mountain search and rescue.
  - b. Physically capable of full participation in all search and rescue operations normally expected of the member team.
  - c. Adequately equipped to conduct search and rescue operations in the terrain and under the conditions found in the member team's service area, **and to be self-sustaining in the field under such conditions a minimum of three days.**
  - d. Able to lead a search or rescue field team, and to organize and conduct a wilderness search or rescue using non-trained personnel.

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e. Has participated in training sufficient to acquire the following knowledge and skills, or has demonstrated such skills, to the satisfaction of the training coordinator and/or board.

f. General Knowledge Expected

1. SAR Overview: local, regional, state and national SAR systems and jurisdictions.
2. Working with other agencies and jurisdictions.
3. Legal aspects of SAR and SAR-EMS, including risk, liability, insurance, and injury and death compensation.
4. SAR-related standards.
5. SAR Ethics, including dealing with families, confidentiality, media.
6. Differences between Urban and Wilderness/Mountain search, and rescue.
7. Awareness of basic hazards, risk assessment, safety and mitigation in wilderness and mountain environments, including proper lifting, animals, possible criminals-armed subjects.
8. Team and crew safety issues.
9. Driving safety.
10. Operating equipment safely.
11. Personal Protective Equipment (PPE), Survival and other.
12. Equipment, including clothing for 4 seasons.
13. Personal and team physical, medical and behavioral health, fitness, limitations, nutrition, hydration, rest, sleep, clothing, environment/thermoregulation, hygiene and sanitation.
14. Wilderness and mountain weather.
15. SAR Incident tactics, on-scene mission critique, demobilization, return travel, after action reports, lessons learned sharing and follow through.
16. SAR member stress mitigation, including de-stressing and debriefing
17. Investigative and legal aspects, and crime scene, scent article and evidence protection
18. Handling human remains and the deceased
19. Basic safety awareness for search around swift- and flood water, underground spaces
20. HazMat awareness, including drug labs/plantations, based on needs of the response area
21. Documentation and record keeping of SAR and SAR-EMS incidents
22. Helicopter Operations.

g. Search Operational Knowledge:

1. Initial request for assistance, determining urgency of response, initiating call-out, and call-out procedures.
2. Incident Command System and local search management procedures.
3. Search planning and strategy, including probability analysis.
4. Search tactics and operations, including confinement, trail blocks, attraction, hasty search, line search, grid search.
5. Tracking.
6. Wilderness navigation and travel.
7. Night search.
8. Radio communications.
9. ELT search.
10. Use of GPS.
11. Wilderness survival and survival techniques for the local area.
12. Recognizing possible child abduction situations or incidents involving a crime.

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13. Lost persons behavior, including adults, children, elderly.
14. Suspension of a search.

h. Technical Rock Rescue Operations, including:

1. Knowledge of rescue equipment.
2. Rescue planning and preparations.
3. Knots, ropes, webbing, rope and webbing characteristics and handling.
4. Anchors.
5. Belaying.
6. Ascending and descending a rope.
7. Rock climbing (able to lead fourth class climb).
8. Patient packaging and litter rigging.
9. Rigging and operating raising and lowering systems.
10. Highline rigging and operating.
11. Low-angle or scree evacuation.
12. Improvised rescue techniques.
13. Animal technical rescue awareness.

i. Snow and Ice Rescue Operations, including:

1. Knowledge of winter search and rescue equipment and its use.
2. Travel over snow and ice, and in any winter conditions found in service area.
3. Self-arrests.
4. Roped team travel.
5. Glissading.
6. Snow and ice anchors and belays.
7. Steep snow climbing with crampons and ice ax.
8. Patient packaging under winter conditions.
9. Litter rigging, raising and lowering on steep snow.
10. Avalanche safety and rescue.
11. Glacier travel and crevasse rescue.
12. Winter survival.

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## GUIDELINES FOR VEHICLE USAGE

**PURPOSE:** The purpose of this document is to establish guidelines for OMR in the operation of motorized vehicles during Search and Rescue (SAR) missions and trainings.

**REFERENCES:** WAC 118-04-200

**GENERAL:** This document applies to all OMR members.

- A. The use of POVs on SAR missions is on a voluntary basis by the individual owning the vehicle.
- a. Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance is prohibited.
- B. Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity.
- a. Members shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission.
  - b. All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.
- C. Emergency workers are **not** authorized to utilize emergency lights or flashers when responding to SAR missions.
- a. This policy does not preclude the use of emergency lights or flashers to be utilized as an attraction technique while on SAR missions if the vehicle is equipped with the appropriate emergency lights and/or flashers.
- D. While utilizing non-enclosed vehicles (i.e. ATV's, snowmobiles, motorbikes, etc.) the drivers and passengers shall utilize the proper personal protective equipment to include the following when appropriate:
- a. Helmets
  - b. Gloves
  - c. Reflective vests
  - d. Eye protection
  - e. Protective clothing
  - f. Other items as deemed necessary by the Incident Commander or Safety Officer.
- E. Vehicle operators shall operate the vehicles within the established manufacturer's recommendations and within the capabilities of the vehicle operator.
- a. OMR is not responsible or liable for any vehicle breakage or failure, even if the vehicle is operated within the established manufacturer's recommendations.

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**GUIDELINES FOR DAMAGE CLAIM REIMBURSEMENT**

**PURPOSE:** The purpose of this document is to establish guidelines for OMR members to be reimbursed for items damaged during a mission.

**REFERENCES:** WAC 118-04-340

**GENERAL:** An EMD-086 form can be obtained by visiting the Washington State Department of Emergency Management Division website at [http://www.emd.wa.gov/search\\_rescue/sar\\_forms.shtml](http://www.emd.wa.gov/search_rescue/sar_forms.shtml)

The instructions for completing are included with the form. The form and documentation must be sent to the Kitsap County Director of Emergency Management located at 911 Carver Street, Bremerton, WA 98312. They mail the completed form to the state for final reimbursement.

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**GUIDELINES FOR FUEL AND TOLL REIMBURSEMENT**

**PURPOSE:** The purpose of this document is to establish guidelines for OMR members to be reimbursed for fuel and tolls, including ferries used, during a mission. This includes both OMR vehicles and personal vehicles.

**REFERENCES:** WAC 118-04-360

**GENERAL:** This document applies to all OMR members. Fuel, toll, and ferry expenses resulting from training events shall not be eligible for reimbursement. The OMR vehicles incurring expenses must be submitted using this document after every mission within one week.

- A. On the receipt of the item requesting to be reimbursed, write your name and mission number and mail to the address indicated on the back page of the OMR callout roster. The receipt must be dated within 24 hours of mission completion.

**ELIGIBILITY:** Fuel, toll, and ferry expenses resulting from training events shall not be eligible for reimbursement. To be eligible the following requirements must be met.

- A. The member seeking reimbursement shall have reported to or been in the process of reporting to the authorized on-scene official.
- B. Mission Requirements.
  - a. Occur outside a participating emergency worker's/volunteer organization's county of residence; or
  - b. In which an emergency worker/volunteer organization has participated for more than twenty-four hours; or
  - c. Occurring within an emergency worker's/volunteer organization's county of residence and lasting less than twenty-four hours, when:
    - i. The mission required an emergency worker/volunteer organization to drive a vehicle more than fifty miles one-way; or
    - ii. Authorized officials required an emergency workers/volunteer organization to drive a vehicle more than one hundred miles during the course of the mission.



# OLYMPIC MOUNTAIN RESCUE

Membership Application  
(Revised 6/6/14)

Complete, sign and follow mailing instructions on the last page.

## I. IMPORTANT INFORMATION (required)

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobil Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### EMERGENCY CONTACTS

Does the main emergency contact have legal authority to act in your behalf? Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobil Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## II. MOTIVATION FOR JOINING OMR (Required)

Please describe your motivation for joining Olympic Mountain Rescue



### III. SKILLS ASSESSMENT (Required)

A. Search & Rescue: list your prior Search and Rescue training and experiences, if any.  
Please include all applicable dates and names of SAR organization.

B: Please list all medical training and certifications, including expiration dates:

C: Please list any other relevant certifications and licenses, if any:

### III. SKILLS ASSESMENT (Continued)

- D. **Climbing Experience:** List your experience and any formal education in climbing. Please include a Climbing resume that details the peak, route and date climbed and comments. Attach this on separate sheet if necessary.

### III. SKILLS ASSESMENT (Continued)

E. **Other Outdoor Experience:** Please list your past experience with backpacking, hiking, cross county skiing, ski mountaineering, kayaking, rafting, Etc.

### IV. EQUIPMENT OWNED (required)

Please indicate the equipment you own:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Snow Climbing Boots       | <input type="checkbox"/> Tent          | <input type="checkbox"/> Sleeping Bag          |
| <input type="checkbox"/> Helmet                    | <input type="checkbox"/> Crampons      | <input type="checkbox"/> Pack                  |
| <input type="checkbox"/> GPS                       | <input type="checkbox"/> Altimeter     | <input type="checkbox"/> Compass               |
| <input type="checkbox"/> Ice Axe                   | <input type="checkbox"/> Thermal Pad   | <input type="checkbox"/> Avalanche Transceiver |
| <input type="checkbox"/> Chest Harness             | <input type="checkbox"/> Waist Harness | <input type="checkbox"/> Backcountry Shovel    |
| <input type="checkbox"/> Bivouac Sack              | <input type="checkbox"/> Snowshoes     | <input type="checkbox"/> Avalanche Probe       |
| <input type="checkbox"/> Skis/snowboard (describe) | <input type="checkbox"/>               | <input type="checkbox"/>                       |

Please list any other relevant equipment that you own.

## V. NON-MOUNTAINEERING SKILLS (required)

Please describe any non-mountaineering skills or resources that will benefit OMR:

## VI. QUESTIONS (required)

Please answer the following questions.

Can you leave work for OMR missions on weekends? \_\_\_\_\_

Can you leave work for OMR missions during the week? \_\_\_\_\_

Can you attend monthly meetings and trainings as required? \_\_\_\_\_

Will your physical condition allow you to participate in the demanding activities encountered during mountain rescue missions? \_\_\_\_\_

Will you keep the OMR Board informed of any changes in your address, phone number, status and availability? \_\_\_\_\_

**VII. APPLICANT STATEMENT OF TRUTH and ACCURACY (required)**

*By my signature below, I hereby verify that the information I provided to Olympic Mountain Rescue, is to the best of my knowledge, true and correct. I also declare that I am in good physical condition and have no illness or handicap, which impairs my ability to participate in physically and emotionally demanding activities.*

Print Name: \_\_\_\_\_ (legibly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VIII. SUBMITAL (required)**

*Please mail your completed application to:*  
OLYMPIC MOUNTAIN RESCUE  
P.O. BOX 4244  
BREMERTON, WA 98312  
ATTN: MEMBERSHIP CHAIR  
*Or submit at the monthly meeting*

**IX. APPROVAL (To be completed by OMR Board of Directors)**

Application received: \_\_\_\_\_

Board recommendation vote and classification: \_\_\_\_\_

Team vote and classification: \_\_\_\_\_

DEM ID Number: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail (home): \_\_\_\_\_ E-mail (work): \_\_\_\_\_

I prefer any e-mail notices to go to: Home \_\_\_ Work \_\_\_

**What activity would you like to volunteer for: (please check box of interest) IF you check more than one box, please mark them as 1<sup>st</sup> choice, 2<sup>nd</sup> choice, 3<sup>rd</sup> choice, etc.**

HAM Radio Operator \_\_\_ ~Call sign \_\_\_\_\_ Public Education \_\_\_\_\_

Search & Rescue (Requires indiv. unit auth) \_\_\_ (What Unit?) \_\_\_\_\_

Shelter Volunteer: Kingston, SUMC or Gateway (circle one) Support \_\_\_ Other \_\_\_\_\_

**Required Information:**

Driver's License No.: \_\_\_\_\_ State \_\_\_\_\_ Expiration date: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Weight \_\_\_ Height \_\_\_ Color Hair \_\_\_\_\_ Color Eyes \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

How Long: \_\_\_\_\_ Phone: \_\_\_\_\_ OK To Call? \_\_\_\_\_

How long have you lived in Washington State? \_\_\_\_\_

Are you able to perform the essential functions of a volunteer? YES \_\_\_ No \_\_\_ If No, please explain accommodations needed: \_\_\_\_\_

**Education/Work History**

High School: \_\_\_\_\_ Year Graduated: \_\_\_ GED: \_\_\_ Did not Graduate: \_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Graduate Studies: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Medical: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Internship: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Current or Past Certificate or Licensure: \_\_\_\_\_ Date Expired: \_\_\_\_\_ (type) \_\_\_\_\_

Do you have a current CPR card/certification? Yes \_\_\_ No \_\_\_ Exp Date: \_\_\_\_\_ **Need copy**

Do you have a current First Aid card/certification? Yes \_\_\_ No \_\_\_ Exp Date \_\_\_\_\_ **Need copy**

Do you have National Incident Management or Incident Command (NIMS/ICS) certification?  
Yes\_\_\_\_\_ No\_\_\_\_\_ **If YES, please provide copies if we don't already have them on file**

Do you have any disaster volunteer experience? No \_\_\_Yes \_\_\_ (please explain)

**I am available:**

Hours per month?\_\_\_\_\_

Mornings \_\_\_Afternoons \_\_\_Evenings \_\_\_Weekends\_\_\_Emergency/Disaster Only\_\_\_

**If applying to become a Shelter Volunteer, please indicate what days of the week you can volunteer (please circle):**

**Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday**

What type of trainings do you prefer? Classroom \_\_\_\_\_On-Line \_\_\_\_\_ Other: ( please state)

**All Applicants:**

In case of emergency please notify: Name: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_(work) \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Unit Leader (if applicable)

\_\_\_\_\_  
Unit

\_\_\_\_\_  
Date

**Staff use only:**

License Verification \_\_\_\_\_Background Check completed \_\_\_\_\_ Initials \_\_\_\_\_  
Initials/date date

Entered into Database: \_\_\_\_\_ Initials \_\_\_\_\_

Entered into PIER: \_\_\_\_\_ Initials \_\_\_\_\_

ID date issued: \_\_\_\_\_ Initials \_\_\_\_\_ Expiration date: \_\_\_\_\_

**KITSAP COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT**

**CRIMINAL HISTORY AUTHORIZATION FORM – EMERGENCY WORKER**

**Please print legibly and fill out completely – failure to do so may delay your application**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

ALIAS OR MAIDEN NAME(S) USED:  
\_\_\_\_\_

RACE: \_\_\_\_\_ SEX (Circle): **M / F** DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY # \_\_\_\_/\_\_\_\_/\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NUMBER & STREET CITY & STATE ZIP

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DRIVERS LICENSE NUMBER & STATE:

\_\_\_\_\_/\_\_\_\_\_ EXP: \_\_\_\_\_

OTHER STATES LIVED IN:  
\_\_\_\_\_

I hereby give permission for the Kitsap County Department of Emergency Management to conduct a Criminal History background investigation, and also obtain an abstract of my driving record if needed.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Parent or guardian of applicant must sign if under 18 years of age:**

PRINT NAME: \_\_\_\_\_



SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**KITSAP COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT**

**PERSONAL RESPONSIBILITIES OF EMERGENCY WORKERS – AGREEMENT (WAC 118.04.200)**

**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 and/or training event 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.

**I have read, understand and agree to the Personal Responsibilities of an Emergency Worker (WAC 118.04.200)**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# KITSAP COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT

## VOLUNTEER PLACEMENT STANDARDS AND EMERGENCY WORKER REQUIREMENTS

1. I am now a United States Citizen. YES / NO\*
2. I can read, write and speak the English language, so as to be easily understood by others YES / NO\*
3. I have read the attached DSHS Secretary's List of Crimes and Negative Actions that Kitsap County utilizes as a determining factor for the disqualifiers. I understand the guidelines and I do not have convictions in my background that will disqualify me from being a registered emergency worker for Kitsap County. YES / NO\*

(If you selected NO\* to any of the above questions, you will not be eligible to register as an emergency worker for Kitsap County).

### DRIVING RECORD STANDARDS:

Candidates who apply for a position that requires driving must be able to fulfill all traveling requirements possessing and maintaining a valid Washington State Driver's License and the appropriate amount of automobile insurance. In an effort to determine whether there are any disqualifying factors in your driving history, please respond to the following questions:

1. Do you have a valid driver's license? \_\_\_\_\_ State of issue: \_\_\_\_\_  
Have you had your license for at least one year? YES / NO\*

NOTE: You must possess a valid Washington State Driver's License by time of appointment.

2. Are you at least 18 years old? YES / NO\*

3. Has your driver's license been suspended in the last three years? YES\* / NO

4. Has your driver's license been revoked in the last five years? YES\* / NO

5. Have you been convicted in the last five years for any driving offense involving the use of drugs, alcohol, or any controlled substance? YES\* / NO

6. Have you been found at-fault for two or more accidents in the last five years, or found at fault in any accident in the last five years resulting in a fatality? YES\* / NO

7. Do you have any driving-related charges pending? YES\* / NO

**\*If yes, please list:**

<u>Conviction</u>	<u>Agency</u>	<u>Date</u>	<u>Disposition</u>
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**Have you ever been arrested? YES / NO If yes, please explain:**

I declare that this information is true and accurate. I grant Kitsap County Department of Emergency Management permission to conduct a criminal history background check using the above information. I understand that my participation in this program is contingent upon the accuracy of the above information and my following all laws and policies and procedures established by Kitsap County or its agents with regard to the emergency worker program and the activities of its volunteers.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Parent or guardian of applicant must sign if under 18 years of age:**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Approved as to form this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Michele Moen, Volunteer Coordinator

Please send completed forms to:  
Michele Moen, Office Assistant  
KCDEM | 911 Carver Street | Bremerton | WA | 98312  
(360) 307-5871 office | (360) 478-9802 fax

DSHS SECRETARY'S LIST OF CRIMES AND NEGATIVE ACTIONS  
FOR USE BY ALL Programs Administered by DSHS, including DSHS State Employees in  
Covered Positions

[EXCEPT programs administered by ADSA Home & Community Services & ADSA Residential  
Care Services]

Crimes:

A person who has a crime listed below is denied unsupervised access to  
vulnerable adults, juveniles, and children.

If "(5 or more years)" appears after a crime, the person is automatically  
denied unsupervised access unless 5 or more years has passed since  
the date of conviction.

After 5 years, an overall assessment of the person's character,  
competence and suitability to have unsupervised access will determine  
denial.

Abandonment of a child  
Abandonment of a dependent person not against child (5 or more years)  
Abuse or neglect of a child  
Arson  
Assault 1  
Assault 2  
Assault 3 Domestic Violence  
Assault 3 not Domestic Violence (5 or more years)  
Assault 4/simple assault (5 or more years)  
Assault of a child  
Bail jumping  
Burglary (5 or more years)  
Carnal knowledge  
Child buying or selling  
Child molestation  
Coercion (5 or more years)  
Commercial sexual abuse of a minor/ Patronizing a juvenile prostitute  
Communication with a minor for immoral purposes  
Controlled substance homicide  
Criminal mistreatment  
Custodial assault (5 or more years)  
Custodial interference  
Custodial sexual misconduct (5 or more years)  
Dealing in depictions of minor engaged in sexual explicit conduct  
Domestic Violence (felonies only)  
Drive-by shooting  
Extortion 1  
Extortion 2 (5 or more years)  
Forgery (5 or more years)  
Harassment (5 or more years)

Harassment Domestic Violence  
Homicide by abuse  
Homicide by watercraft  
Identity theft (5 or more years)  
Incendiary devices (possess, manufacture, dispose)  
Incest  
Indecent exposure/Public indecency (Felony)  
Indecent liberties  
Kidnapping  
Leading organized crime (5 or more years)  
Luring  
Malicious explosion 1  
Malicious explosion 2  
Malicious explosion 3 (5 or more years)  
Malicious harassment  
Malicious mischief (5 or more years)  
Malicious mischief Domestic Violence  
Malicious placement of an explosive 1  
Malicious placement of an explosive 2 (5 or more years)  
Malicious placement of an explosive 3 (5 or more years)  
Malicious placement of imitation device 1 (5 or more years)  
Manslaughter  
Murder/Aggravated murder  
Patronizing a prostitute (5 or more years)  
Possess depictions minor engaged in sexual conduct  
Possess explosive device (5 or more years)  
Promoting pornography (5 or more years)  
Promoting prostitution 1 (5 or more years)  
Promoting prostitution 2 (5 or more years)  
Promoting suicide attempt (5 or more years)  
Prostitution (5 or more years)  
Rape  
Rape of child  
Reckless endangerment (5 or more years)  
Registered sex offender  
Residential burglary (5 or more years)  
Robbery  
Selling or distributing erotic material to a minor  
Sending or bringing into the state depictions of a minor  
Sexual exploitation of minors  
Sexual misconduct with a minor  
Sexually violating human remains  
Stalking (5 or more years)  
Theft (5 or more years)  
Unlawful imprisonment (5 or more years)  
Unlawful use of bldg for drug purposes (5 or more years)  
Use of machine gun in a felony  
Vehicular assault  
Vehicular homicide (negligent homicide)  
Violation of child abuse restraining order

Violation of civil anti-harassment protection order  
Violation of protection/contact/restraining order  
Violation of the Imitation Controlled Substance Act

(manufacture/deliver/intent - 5 or more years)  
Violation of Uniform Controlled Substance Act  
(manufacture/deliver/intent - 5 or more years)  
Violation of the Uniform Legend Drug Act  
(manufacture/deliver/intent - 5 or more years)  
Violation of the Uniform Precursor Drug Act  
(manufacture/deliver/intent - 5 or more years  
Voyeurism

**Pending Crime** – A person who has a pending crime on the Secretary’s List is denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal by the court, the Secretary’s List is applied.

**Attempt RCW 9A.28.020; Conspiracy RCW 9A.28.030; and Solicitation RCW 9A.28.040.**  
These crimes may appear with a listed crime, such as Burglary. When the crime of attempt, conspiracy, or solicitation appears in conjunction with a crime on this list, it is treated the same as the listed crime.  
Example: Unsupervised access is denied for Attempted Burglary for 5 years after the conviction.

**Sexual Motivation** – RCW 9.94A.835 –A person who has a court finding of sexual motivation is denied unsupervised access to vulnerable adults, juveniles, or children.

**Bail Jumping** – RCW 9A.76.170 - A person who has the crime of bail jumping is denied unsupervised access until a court decision is issued for the original crime that required bail. Upon conviction or acquittal by the court, the Secretary’s List is applied.

Negative Actions are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults.  
A negative action is an administrative or civil action taken against an individual and may include:

A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding.

Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract.

Relinquishment of a license, certification, or contract in lieu of an agency negative action.

Revocation, suspension, denial or restriction placed on a professional license.

