

## Kitsap County Department of Emergency Management

		Date:
FULL Name:	ID #:	
Volunteer Unit	Exp. date:	
Nature of Change (Place an X in front of applicable	):	
RenewalNameAddressUn	itE-m	nailOther
**CURRENT EMAIL ADDRESS:		
Old information & reason for change (e.g. Renev	wal, moved,	name change, etc.):
New information:		
All Applicants: If this information has changed,	please com	plete.
In case of emergency please notify: Name:		
Telephone: (home)(work)	(Cell)	
Preferred method of contact:	_Relationship:	
CPR/1st Aid – Please submit current certification Do you have a current CPR card/certification? Yes		
Do you have a current First Aid card/certification? Yes _	No	Exp. Date:
I certify that the information on this application is co	rrect to my b	est knowledge and belief.
Volunteer Signature	Date	
Unit leader / Representative Signature	Date	
Staff use only:		
Background Verification Completed:	_ Signature:	
Date ID issued: Date ID expires:	In Ale	ertSense?
Staff Signature:	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:	M F DATE OF E	BIRTH:/
SOCIAL SECURITY NUMBE	R://	(ONLY if applying for SA
CURRENT ADDRESS:	/	
NUMBER & STREET	CITY & STAT	ZIP
PHONE NUMBER: ()		CELL: ()
DRIVERS LICENSE NUMBE		_ Expiration:
OTHER STATES LIVED IN:		
		nt of Emergency Management to also obtain an abstract of my drivin
SIGNATURE:		DATE:
Parent or guardian of applica	ant must sign if under 18 y	years of age:
PRINT NAME:		
SIGNATURE:		DATE: