

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

**FULL Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

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 \_\_\_ MRC: \_\_\_\_\_

CERT \_\_\_\_\_ Level 1 2 3 (circle which level of participation you're interested in)

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

**Shelter Volunteer:** \_\_\_ **(circle all areas of interest)** \_\_\_\_\_

Kingston (Village Green) \_\_\_\_\_ POUMC (Port Orchard United Methodist Church) \_\_\_\_\_

Gateway Fellowship – Poulsbo \_\_\_\_\_ SUMC (Silverdale Community Church) \_\_\_\_\_

**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) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Entered into Database: \_\_\_\_\_ Initials: \_\_\_\_\_ Photo received: \_\_\_\_\_ 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:  
\_\_\_\_\_

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

**\*SOCIAL SECURITY # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \*(ONLY if you are applying for SAR)**

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 legal US Resident 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:**  
**(If you fail to answer this question, your application will be returned to you as incomplete)**

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, Administrative Support Specialist / Volunteer Coordinator  
**KCDEM | 8900 Imperial Way SW | Bremerton | WA | 98312**  
**(360) 307-4360 office | (360) 307-4353 direct**  
[mmoen@kitsap.gov](mailto:mmoen@kitsap.gov)

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 building 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 the 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.

Department of Health disciplining authority finding.