



EMERGENCY WORKER
VOLUNTEER

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



Full Name: _____ Birth Date: _____

Address: _____ City/State/Zip Code: _____

Home Phone: _____ Cellular Phone: _____ Work: _____

E-mail (home): _____ E-mail (work): _____

I prefer any e-mail notices to go to: Home ___ Work ___ T-Shirt size _____

Do you already have a BCEM volunteer T-Shirt? _____

Emergency Worker Assignment: (please check box)

Aviation ___ BCCOAD ___ Back Country Horsemen ___ BSA Troop ___ CBDR ___

CERT ___ HAM Radio Operator Support ___ Misc Volunteer ___

Search and Rescue ___ (What Unit?) _____

Sheriff Posse ___ Support ___ Other _____

Required Information:

Driver's License No.: _____ State _____

Sex: Male ___ Female ___ Weight ___ Height ___ Color Hair ___ Color Eyes _____

How long have you lived in Washington State? _____

Physical Disabilities: No ___ Yes ___ Please note any limitations here:

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 NIMS/ICS certification? Yes ___ No ___ **Please provide copies if Yes**

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

I am available:

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

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 Emergency Manager

Date

Staff use only:

Background Check completed _____ Initials _____
(Date)

Entered into Database _____ Initials _____
(Date)

BC# issued _____ Initials _____