

# Northshore Emergency Management Coalition Volunteer Emergency Worker Credential Application



Name: Last	First	MI	Volunteer Number (Official Use Only)
Address: Street		City	State Zip
Primary Phone:		Radio Call Sign:	
Email:			
<b>Training and Certifications</b>			
Check the box next to the class if complete. Volunteers must be either CERT graduates or HAM radio licensed and complete the shaded IS classes to be credentialed.			

CERT Graduate		Year	Incident Command System IS 100
Amateur Radio License		License Class	Incident Command System IS 200
First Aid certified		Expiration	Incident Command System IS 700
CPR certified		Expiration	Incident Command System IS 800

Additional Training/Credentials:

I declare that the information is true and accurate. I understand that this information will be only used to be registered into the Emergency Worker program and for Identification purposes.

Signed: _____	Date: _____	
EM: _____	Entered: _____	Picture: _____

