# Northshore Emergency Management Coalition
# Emergency Worker Credential Application

| Name: Last | First | MI | Emergency Worker Number (Official Use Only) |
|---|---|---|---|
| | | | |

| Address: Street | City | State | Zip |
|---|---|---|---|
| | Kenmore | WA | |

| Primary Phone: | Position/Title: |
|---|---|
| | |

| Email: | Radio Call Sign: |
|---|---|
| | |

## Training and Certifications

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 | Technician | 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: 08/17/2025

| EM: | Entered: | Picture: |
|---|---|---|
| | | |

# Volunteer Request for Background Information

NORTHSHORE EMERGENCY MANAGEMENT COALITION

**RCW DISCLOSURE FORM PURSUANT TO RCW 43.43.830-840**

All volunteers who are in Key Volunteer positions where they may have direct supervision of children or vulnerable adults are required to submit to a background check. Please complete the following form. The Information provided will be kept confidential and not disclosed outside the organization and will only be shared inside the organization on a "need to know" basis. Results of this background check will be provided to the volunteer.

Please answer **YES** or **NO** to each listed item. If the answer is **YES** to any item, please explain in the area provided indicating the charge or finding, the date, and the court(s) involved.

1. I consent to a background check being performed in accordance with RCW 43.43.830-839 and waive any right to privacy I may have in such information for the limited purpose of the organization considering it for determining my suitability as a volunteer. YES ☐ NO ☐ Answer (Yes or No)

Name: (last, first, middle initial) Alias/Maiden Name:

Date of Birth: Driver's License Number:

Social Security Number:

Address:

Kenmore WA

2. Have you ever been convicted of any crimes against persons as defined in chapter 43.43 RCW and listed as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; commercial sexual abuse of a minor; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future? YES ☐ NO ☐ Answer (YES or NO)

If YES, please explain:

3. Have you ever been found in any dependency action under RCW 13.34.030 to have sexually abused, neglected, or abandoned any minor or vulnerable adult or to have physically abused any minor or vulnerable adult? YES ☐ NO ☐ Answer (YES or NO)

If YES, please explain: _____

4. Have you ever been found by any court in a domestic relation proceeding under Title 26 RCW to have abused, sexually abused, or exploited any minor or vulnerable adult or to have physically abused any minor or vulnerable adult? YES ☐ NO ☐ Answer (YES or NO)

If YES, please explain: _____

5. Have you ever been found in any disciplinary board final decision to have abused, sexually abused, or exploited any minor or vulnerable adult or to have physically abused any minor or vulnerable adult? YES ☐ NO ☐ Answer (YES or NO)

If YES, please explain: _____

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I have read the information contained herein and pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.
I authorize the Northshore Emergency Management Coalition make such investigations and inquiries as may be necessary in arriving at a decision regarding my volunteer status. I hereby release employers, officials, or persons from all liability in responding to inquiries in connection with my Volunteer Services Agreement. In the event of volunteering, I understand that false or misleading information given in my agreement may result in termination of my volunteer status.

**Volunteer (printed name)**: _____

**Volunteer Signature**: _____ **Date:** 08/17/2025

***Thank you for your willingness to help the Northshore Emergency Management Coalition prepare and to serve your community!***