



Mason County Emergency Management Volunteer Application



Contact Information

Name		Birth Date	
Street Address			
City, ST, ZIP			
Home Phone			
Cell Phone			
Work Phone			
E-Mail Address			

Availability

During which hours are you available for volunteer assignments? (Check all that apply)

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering. (Check all that apply)

- Clerical Duties Communications (MCCU)
 Logistical Support EOC Activations
 Phone Bank EOC Security
 DART (Animal Rescue) Other:

Special Skills or Qualifications

Summarize special skills and qualifications, (such as Incident Command System (IS-100, 200, 300, 400, 700, 800), First Aid/CPR, Blood Borne Pathogens, etc.) you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Please attach any certification you have.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Return application to:
Mason County Division of Emergency Management
100 W. Public Works Dr.
Shelton, WA 98584
Phone: (360) 427-7535 Fax: (360) 427-7756
Email: MCDEM@co.mason.wa.us



MASON COUNTY
DEPARTMENT OF EMERGENCY MANAGEMENT

100 W PUBLIC WORKS DRIVE, BUILDING 1
SHELTON, WASHINGTON 98584
Phone (360) 427-7535
Fax (360) 427-7756



CERTIFICATE OF AUTHORIZATION

Team or Function: _____ Date of Birth: _____

I (please print) _____ certify that:

- a. I am in adequate physical condition to carry out the emergency assignment given to me and that I am not subject to any medical problems or other infirmity of body or mind, except as noted on the Emergency Worker Registration card, which might render me unfit to carry out my emergency assignment.
- b. I am able to speak, read and write the English language.
- c. I am not addicted to the use of intoxicating liquors or narcotics, nor use any controlled substances.
- d. I **have** / **have not** been arrested for and/or convicted of any crime. (Circle one)

Please Briefly Explain: _____

- e. I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of the Division of Emergency Management.
- f. I hereby give permission for the Mason County Division of Emergency Management to conduct a Criminal History background check.

Signed _____ Date _____
(applicant)

Signed _____ Date _____
(parent/guardian if applicant under 18 years of age)

Tammi Wright, Senior Emergency Management Coordinator

- Note: (1) If the answer to 'c' or 'd' above is yes, you may request an informal meeting with the Division of Emergency Management to discuss the circumstances prior to the background check being completed.
- (2) If you are denied an Emergency Worker Identification Card, you may appeal the decision to the Division of Emergency Management.