



**Grays Harbor County**  
**Emergency Worker Program**  
**For EOC, SAR, AEC, CERT**



Thank you for applying to become a Grays Harbor County Emergency Worker. An emergency worker is somewhat different from other volunteer positions with the County.

When you become an emergency worker, you become a volunteer of Grays Harbor County and at times, the State of Washington. We classify you as the unpaid professional (volunteer). That is why we require pre-volunteer screening.

Each emergency worker is an integral part of the emergency preparedness plan for Grays Harbor County. Whether you volunteer for Search and Rescue (SAR), Auxiliary Emergency Communications (AEC), Emergency Operations Center (EOC) support or any of the other categories for which we register emergency workers, in the event of a major emergency, we will need your assistance. Your availability along with other considerations determines how or when we utilize your services.

Before completing our application, please review all materials. We do require a criminal background check on each emergency worker and will also investigate your driving record. It is the policy of this department that all information gathered in these background checks is strictly confidential. If you are denied registration as an emergency worker, you have the right to appeal all decisions to this department.

Enclosed you will find a packet of information outlining responsibilities and opportunities within the Grays Harbor County Emergency Worker Program.

On behalf of Grays Harbor County Emergency Management, thank you again for considering volunteer service with us and ultimately to your community.

Hannah Cleverly  
Deputy Director of Emergency Management  
Grays Harbor County



## Grays Harbor County Emergency Worker Program

Welcome to the Grays Harbor County Emergency Worker Program. The emergency worker program is provided for by state law and administered by local jurisdictions. Grays Harbor County emergency workers provide valuable service to our communities through training, knowledge, skills and dedication. Emergency workers are often placed in situations that require good judgment and high levels of responsibility. Our emergency workers are considered extensions of our staff during emergencies or disasters. Some groups will receive minimum training while other Units require several hundred hours. We look forward to a long and mutually respectful relationship.

The minimum age for registration as an emergency worker in Grays Harbor County is sixteen (16). Emergency workers under the age of eighteen (18) will not be allowed to operate any vehicle or be a passenger on an ATV or off-road vehicle during an active or training mission.

Permanent residence in Grays Harbor County is required for registration as a Grays Harbor County Emergency Worker.

Each applicant must be attached to a specific Unit prior to submitting paperwork to Emergency Management. The following Units are currently recognized in Grays Harbor County:

- Auxiliary Emergency Communications (AEC)
- Community Emergency Response Teams (CERT)
- East Grays Harbor Search and Rescue (EGHSAR)
- Emergency Management Support Staff (EOC Staff)
- Grays Harbor Health Reserve Corps (GHHRC)
- Volunteers in Police Service (VIPS)
- West Coast Search Dogs (WCSD)

The application process for an emergency worker allows consistent standards to be used for all applicants. Each emergency worker must be registered by DEM prior to participation in any state sanctioned training or mission. The state provides a mission number which covers all duly registered participants during the event with eligibility for medical coverage as well as limited property and liability coverage under RCW Chapter 38.52.



## **Grays Harbor County Emergency Worker**

### **Guidelines**

This document outlines basic responsibilities of emergency workers. It does not replace specific procedures nor is it intended to include all situations and circumstances.

#### **Program Acceptance and Continuation**

1. Criminal and Driver's license background checks will be completed on all candidates and on all emergency worker renewals.
2. Emergency workers may be dismissed at any time if their actions violate laws or negatively impact the integrity of the Grays Harbor County Emergency Worker Program.
3. All emergency workers used or deployed by Grays Harbor County will be registered in accordance with RCW 38.52 and WAC 118-04.
4. Because emergency worker status applies from the time you begin traveling to your assignment and is complete upon your return to your normal activities, those who drive to assignments must carry vehicle insurance on all owned vehicles and provide vehicle insurance information to Grays Harbor County.

#### **Emergency Worker Requirements**

1. All emergency workers will follow guidelines established in RCW 38.52, WAC 118-04, and by Grays Harbor County Emergency Management.
2. All members will be skilled in their discipline and will work within their licenses and Unit's mission.
3. All members will work under the direction of the Unit and IC (Incident Command).
4. All members must reside within Grays Harbor County.

#### **Unit Requirements**

1. A Unit is defined as a managing group that provides a command structure for emergency workers. Management of the Unit may be comprised of other emergency workers. All Units will utilize the concepts of incident command.
2. All Units will maintain current rosters and training records of their members. Units will ensure that only registered emergency workers with current WAC certifications and proper skills for the event are deployed when requested by Emergency Management.

3. Units will ensure that appropriate documentation, including rosters and log sheets, are forwarded to Grays Harbor County Emergency Management following a deployment.
4. Appropriate state forms will be used and submitted to Grays Harbor County Emergency Management for all emergency worker claims. These forms will include detailed invoices or receipts of replacement items, witness statements, sign-in sheets, and claim forms.
5. Units will conduct or make available appropriate program training for emergency workers.

### **Grays Harbor County Division of Emergency Management Responsibilities**

1. DEM will maintain a database of all registered emergency workers.
2. DEM will send all claims to Washington State Emergency Management in accordance with RCW 38.52 and WAC 118-04.
3. DEM will ensure that background checks are conducted on all emergency workers.
4. DEM will conduct or make available appropriate drills for emergency workers.
5. DEM will obtain mission numbers from Washington State Emergency Management for authorized missions.
6. DEM will coordinate the use of emergency workers with other jurisdictions.
7. DEM will issue a Grays Harbor County identification badge.



## Grays Harbor County Emergency Worker

### Vehicle Certification

As a Grays Harbor County Emergency Worker volunteer, I may have occasion to drive my personal motor vehicle during the course of mission. I understand that Grays Harbor County Emergency Management needs to be confident that any motor vehicle used to travel to or from a mission is in good working condition, and in compliance with all Washington State laws regarding motor vehicles.

I hereby certify that at the time I am driving a County or privately owned vehicle on an authorized mission, I will have a valid Washington State Driver's License, vehicle insurance card, be in compliance with the vehicle liability insurance statute, RCW 46.30.020. and will comply with all Washington State laws regarding motor vehicles.

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#### Mandated Information

Car Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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\_\_\_\_\_  
Emergency Worker Signature

\_\_\_\_\_  
Date



**Grays Harbor County**  
**Emergency Worker Program**  
**For EOC, SAR, AEC, CERT**  
**Application Process**



**Forms**

Each volunteer who is interested in applying to be an emergency worker must complete and submit to their Unit the following documents:

- Emergency Worker Application
- Emergency Worker Responsibility Certification
- Department of Licensing Driving Record Request
- Applicant Disclosure Authorization for Background Inquiry

Your Unit will submit the forms to the Division of Emergency Management (DEM) for processing. DEM will cover the costs of the background checks. It may take up to a month to receive the results of the background checks. Once the information has been received a decision will be made on the acceptance of your application. The decision to accept an emergency worker application is at the discretion of your Unit and DEM.

**Documentation**

Copies of the following documents will be maintained by DEM and should be updated by the emergency worker as needed:

- Driver's License
- Auto Insurance Card (if driving on missions)
- Appropriate licenses and/or certifications

**Training**

The Incident Command System (ICS) is utilized by Grays Harbor County in all emergency situations. Emergency workers are required to complete training in IS-100 Introduction to Incident Command and IS-700 National Incident Management System. Both courses are available online at <http://training.fema.gov/IS/NIMS.asp>. After completion of the course and

test, print the training certificate. A copy of this certificate will be returned to training manager upon acceptance into the group.

**Please send finished applications to:**

GHVSAR  
P.O. Box 731  
Hoquiam, WA 98550

Or

Scan and email to  
[gh.vsar.recruit@gmail.com](mailto:gh.vsar.recruit@gmail.com)

or email to set up other pickup arrangement.

If you will be driving your vehicle or any county owned vehicle on a mission (including training missions), you will be required to complete the county's Defensive Driving Course. This may be scheduled at any time with DEM. You will be issued a card upon completion of the course which may entitle you to a discount on your personal vehicle insurance.

There may be additional training required by the applicant's Unit prior to acceptance as an emergency worker including but not limited to: CPR, first aid, bloodborne pathogens, Search and Rescue training, etc. Please contact your Unit to determine their requirements.

### **Registration**

When the applicant has been accepted as an emergency worker by the Unit and DEM, the training required has been completed, and the appropriate documents submitted, DEM will issue a photo identification card. This photo ID should be carried while on missions and/or training. It will be necessary to renew your identification card every three years. The criminal and driver's background checks and a one hour defensive driving refresher course (if appropriate) will be required at each renewal.

Grays Harbor County  
Emergency Management  
310 W Spruce Street  
Montesano, WA 98563  
Fax: 360-249-3911  
[ghcdem@co.grays-harbor.wa.us](mailto:ghcdem@co.grays-harbor.wa.us)



# Grays Harbor County/ State of Washington Confidential Emergency Worker Application

DATE STAMP

## APPLICANT INFORMATION

<b>Last Name:</b>		<b>First name:</b>		<b>M.I.:</b>	<b>SS #:</b>	<input type="checkbox"/> Male
						<input type="checkbox"/> Female
<b>Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip:</b>	<b>Driver's License #:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>		<b>Email:</b>		
<b>Blood Type:</b>	<b>Height:</b>	<b>Weight:</b>	<b>Hair Color:</b>	<b>Eye Color:</b>	<b>Auto Insurance Company:</b>	
<b>Employer:</b>		<b>Occupation:</b>		<b>Auto Insurance Policy #:</b>		
<b>Emergency Contact Name:</b>		<b>Emergency Contact Phone:</b>		<b>Emergency Contact Alternate Phone:</b>		
<b>Unit Assignment:</b>		<b>Date of Birth:</b>		<b>EW I.D. Number:</b>		
<b>List any handicaps or medical problems that may limit your activities in an emergency management response situation:</b>						

## APPLICANT WORK/TRAINING HISTORY

<b>List any first aid or medical training. Include expiration dates:</b>						
<b>List your experience and/or hobbies that relate to Emergency Management:</b>						
<b>List equipment you own which might be available in an emergency situation (generator, 4x4, climbing equipment, boat, etc). Include Identification numbers:</b>						
<b>List the volunteer work you are interested in performing:</b>						
<input type="checkbox"/> Search & Rescue <input type="checkbox"/> Ham Radio <input type="checkbox"/> Administrative <input type="checkbox"/> CERT <input type="checkbox"/> Other						
Please contact Public Health or the Sheriff's Office if you are interested in the Health Reserve Corps or VIPS.						
<b>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what:</b>						

## APPLICANT'S STATEMENT

I, the undersigned applicant, do declare and certify as follows:

A. I understand that I will be obligated to inform authorized officials of the following information in conjunction with this registration at the time of assignment of duties as an emergency worker:

1. Disclosure to the appropriate on-site official of any medical or other conditions which would render a person unfit, mentally or physically, for emergency worker duty.
2. The use of or addiction to alcohol, and that such use or addiction must be reported to an authorized official.

B. I understand that my registration and acceptance as an Emergency Worker Applicant will be at the discretion of the Division of Emergency Management.

C. I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision to accept this application.

D. I certify to abide by all rules/ regulations of Grays Harbor County pertaining to all Emergency Management programs. Failure to do so will result in the termination of my volunteer emergency worker status.

E. I understand and agree that a background check will be performed.

F. I hereby certify that at the time I am driving a County or privately owned vehicle on an authorized Mission, I will have a valid Washington State Driver's License and be in compliance with the vehicle liability statute, RCW 4.30.020

**EMERGENCY WORKER RESPONSIBILITY CERTIFICATION  
FOR  
GRAYS HARBOR COUNTY VOLUNTEERS**

- |   |   |
|---|---|
| <input type="checkbox"/> Auxiliary Emergency Communications | <input type="checkbox"/> Health Reserve Corps   |
| <input type="checkbox"/> CERT                               | <input type="checkbox"/> VIPS                   |
| <input type="checkbox"/> East Grays Harbor SAR              | <input type="checkbox"/> West Coast Search Dogs |
| <input type="checkbox"/> EOC Support Staff                  | <input type="checkbox"/> GHVSAR                 |

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**WAC 118-04-200 PERSONAL RESPONSIBILITIES OF EMERGENCY WORKERS.**

(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 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 recordkeeping and reporting.

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I, \_\_\_\_\_, (Please print your name) **HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH ALL APPLICABLE EMERGENCY WORKER RESPONSIBILITIES AND REQUIREMENTS AS SET FORTH IN THESE RULES.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Leader Name: Jack Brumbaugh Unit Leader Signature: \_\_\_\_\_

Unit Name: GHVSAR Date: \_\_\_\_\_

ADR

ADRS



## Driving Record Request

You may use this form to request **your driving record**. We will mail your record to you or to the individual or company you request below. Mail this request and **\$5 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

FOR VALIDATION ONLY

108-080-421-0005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

Requestor name (Last, First, Middle Initial)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to		
Mailing address		
City	State	ZIP code
<p>Type of record We offer the following types of driving records. Check the box beside the one(s) you need.</p> <p><input type="checkbox"/> <b>Three-year noncommercial insurance record.</b> Available for underwriting noncommercial motor vehicle policies.</p> <p><input type="checkbox"/> <b>Three-year commercial insurance record.</b> Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.</p> <p><input type="checkbox"/> <b>Three-year life insurance record.</b> Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.</p> <p><input type="checkbox"/> <b>Full employment/commercial record.</b> Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> <b>Volunteer vanpool driver record.</b> Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> <b>Volunteer for organization driver record.</b> Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> <b>School bus driver record.</b> Available to school districts to determine employment eligibility for school bus operation. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions. Some convictions remain on record for more than five years.</p> <p>If this request is to be billed and mailed to a school district: School district name _____ Requestor code _____</p> <p><input type="checkbox"/> <b>Complete record.</b> Available to the individual named on the driving record, attorneys, law and justice agencies, and governmental agencies. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions.</p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i></p> <p>_____ <b>X</b> _____ Date and place signed (Valid for four months) Signature</p>		

TR-511-009 (R/6/05)W

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.

DEPT OF MANAGEMENT  
SERVICES  
ROSE ELWAY, Director



MARILYN LEWIS,  
ADMIN. ASST.  
EEO/AAO OFFICER

# **GRAYS HARBOR COUNTY**

## **STATE OF WASHINGTON**

P. O. Box 630

Montesano, Washington 98563

(360) 249-3711

### **APPLICANT DISCLOSURE AUTHORIZATION FOR BACKGROUND INQUIRY**

#### **CONFIDENTIAL IMPORTANT APPLICANT INFORMATION:**

You are applying for a volunteer position of trust with Grays Harbor County. The position for which you are applying may involve handling monies or other personal or real property belonging to the County or others. You may also be placed in a position of trust for the proper care and custody of individuals and/or their personal or real property. The position for which you are applying may place you in some other position of trust or entail a special duty.

The application you filed with the County requires you to tell the County if you have been convicted of any crime within the last ten (10) years. It is Grays Harbor County's policy to confirm the information you have provided. If you do not agree to this check of your criminal record and do not complete and sign this document, you will be disqualified from further consideration.

County procedures require each volunteer applicant to sign a disclosure statement, under penalty of perjury, relating to certain civil adjudications and criminal convictions. In addition, inquiries may be made to state and/or federal law enforcement agencies. Information obtained from the disclosure statement or background inquiries will not necessarily preclude appointment to the position applied for, but will be considered in determining your character, suitability and competence.

In addition to a criminal record check, the County may confirm any of the information you have provided in your application, in any communication with the County or in your interview. If you do not agree to this check of the information you have provided to

the County and do not complete and sign this document, you will be disqualified from further consideration.

If you wish to be considered, you must complete and sign this Authorization for Background Inquiry and attached Applicant Disclosure Statement. Failure to complete and sign these forms will disqualify you from further consideration.

If a background inquiry is made to federal or state law enforcement agency, you will be notified of the agency's response and a copy of that response will be made available to you upon your request.

I attest under penalty of perjury that the information I have provided in the attached Disclosure Statement is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Printed Legal Name of Applicant:

\_\_\_\_\_  
First                      Middle Initial                      Last

Mailing Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

