

## EMERGENCY WORKER REGISTRATION FORM

			Issue Date:	
Name (Last):	(First):	(Middle):	Email address :	
Address 1:				
Address 2:				
City:	State:	Zip Code:		
Driver's License No.:	Date of Birth:	Sex (M-F):		
Physical Disabilities (If any):				
Home Telephone:		Work Telephone:		<b>- In Case of Emergency - Please Notify:</b>
I certify that the information on this card is true and correct to my best knowledge and belief.				
Emergency Worker Signature:		Date of Signature:	Name:	
Emergency Worker Assignment:			Telephone Number with Area Code:	
Authorizing Signature:	Local Jurisdiction:	Date of Signature:	Relation to Emergency Worker:	

## EMERGENCY WORKER QUESTIONNAIRE

MEDICAL SPECIALTIES	LICENSE NO.	ANY SPECIAL SKILLS OR TRAINING
DOCTOR (SPECIALTY)		
NURSE (SPECIALTY)		
EMERGENCY MEDICAL TECHNICIAN		
VETERINARIAN		
VETERINARY TECHNICIAN		
PLEASE LIST DATES AND TIMES AVAILABLE THROUGH APRIL 30, 2020:		
I hereby give permission for the Kitsap County Department of Emergency Management to conduct a Criminal History background investigation, and also obtain an abstract of my driving record if needed.		
SIGNATURE: _____		DATE: _____

When complete please email to [volunteer@kitsapem.org](mailto:volunteer@kitsapem.org)