

**PIERCE COUNTY
DEPARTMENT OF EMERGENCY MANAGEMENT**

EMERGENCY WORKER REGISTRATION PROCEDURES

1. AUTHORITY: WAC 118-04-080

“Registration is a prerequisite for eligibility of emergency workers for benefits and legal protection under chapter 38.52 RCW.

- 1) Emergency workers shall register in their jurisdiction of residence or in the jurisdiction where their volunteer organization is headquartered by completing and filing an emergency worker registration card, Form EMD-024 or equivalent, with the local emergency management agency.
- a. The information provided during registration may be used by local authorized officials to conduct criminal history and driving record background checks.
- b. Failure to truthfully respond to statements set forth on the registration form may result in the denial of registration, revocation of registration as an emergency worker, or denial of compensation for claims or damage.
- c. Registration and subsequent issuance of an emergency worker identification card, Form EMD-025 or equivalent, shall be at the discretion of the local emergency management agency director. Denial of registration should only be made for cause.
- d. Each emergency worker shall be assigned to an emergency worker class as listed in WAC 118-04-100 in accordance with their skills, abilities, licenses, and qualifications.”

2. PROCEDURES

- a. Each individual who wishes to be registered as an emergency worker with the Pierce County Department of Emergency Management must fill out a Washington State Emergency Worker Registration Card (Form EMD-024). The information provided on this card will be used by the Pierce County Sheriff’s Department to conduct a Criminal History and Driving Record background check. The information determined during this background investigation will be used to determine the suitability for issue of a Washington State Emergency Worker Registration Card. (WAC 118-04-080). The background check may take up to ninety days to complete.
- b. Failure to truthfully respond to the statements set forth in the certificate in paragraph 3 below may result in denial of a Washington State Emergency Worker Identification card. (WAC 118-04-080)
- c. Upon satisfactory results of the background check, the issued card will be valid for three years. At the end of three years, a new application must be made in order to receive an up-dated card. The same Pierce County Emergency Worker DEM number will be re-issued.
- d. If a volunteer card expires and is not renewed within ninety days, the volunteer will be dropped from the rolls. Volunteers with an expired card will not be afforded protection and reimbursement as described under RCW 38.52 and WAC 118-04-080.
- e. Temporary registration of volunteers may be accomplished for short durations if they have filled out a temporary registration card which includes name, date of birth and address. (WAC 118-04-080) Registrants will not be issued an identification card but will be afforded the same protection under RCW 38.52 and WAC 118.04 as a fully registered volunteer.

3. CERTIFICATE

I (please print your name) _____ certify that:

- ☐ I am in adequate physical condition to carry out the emergency worker 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 (EMD-024), which might render me unfit to carry out my emergency assignment.
(WAC 118-04-200)
- ☐ I am not addicted to the use of intoxicating liquors, narcotics, nor use any controlled substances. I will not use any liquors, narcotics or controlled substance nor will I have in my possession any concealed weapon while engaged in emergency worker activities unless authorized by Law Enforcement SAR Incident Commander.
(WAC 118-04-200)
- ☐ I have not been convicted of a felony.
- ☐ I have not been convicted of a misdemeanor involving moral turpitude.
- ☐ I understand that the final determination for issuance of Washington State Emergency Worker Identification card will be at the discretion of the Director of Emergency Management or designee and/or the Pierce County Sheriff's Department or designee. I also understand that the Director of Emergency Management or designee or the Pierce County Sheriff's Department or designee may withdraw or suspend my Emergency Worker Card and Identification Number at any time and at their discretion. (WAC 118-04-080)
- ☐ I understand that I will have to successfully complete the IS-100, IS-200 and IS-700 NIMS course. I will also provide a copy of my FEMA IS-100, IS-200 and IS-700 NIMS certificates to Pierce County Department of Emergency Management. No Washington State Emergency Worker Identification Card will be issued until I complete this process.
- ☐ I hereby give permission for the Pierce County Department of Emergency Management and/or the Pierce County Sheriff's Department to conduct a criminal history background check and also obtain an abstract of my driving record.

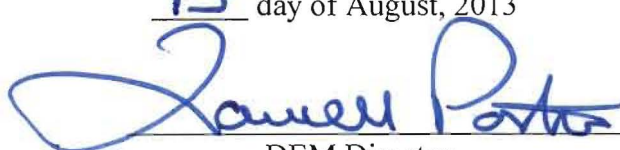
Signed _____ Date _____.
(Applicant)

Signed _____ Date _____.
(Parent or guardian of applicant if under 18 years of age)

Approved as to form this:

15 day of August, 2013

Approved Per Bob Dick Via Email
Deputy Prosecuting Attorney

15TH day of August, 2013

DEM Director