



Greater Spokane Emergency Management (GSEM) and Spokane County Sheriff's Office Volunteer Application Process

Application Process

- Fill out complete application. YOU MUST include a copy of your driver's license or official ID card.
- Scan/email to: sramelmckay@spokanecounty.org
Or...mail to: Greater Spokane Emergency Management
Attn: Simone Ramel-McKay
1618 N Rebecca St
Spokane, WA 99217
- GSEM & Spokane County Sheriff's Office (SCSO) will perform a background check—usually takes about one week
- Applicant and team/unit leader will receive an email when the background check is complete and its status. If approved, registration # will be provided.

ID Card Process—must complete required trainings before receiving an ID

- Defensive Driving/Driver Improvement Training**—required for all volunteers driving personal or county vehicles while participating as a volunteer. Class must be renewed every three years—contact Simone for dates. *See reminder at bottom of the page.*
- FEMA courses:** IS 100 & 700. Online training: <https://training.fema.gov/is/crslist.aspx>
Copy of certificate must be sent to GSEM.
- First Aid Training**—required for SAR, MEOC, ARES/RACES & HEART volunteers
 - Basic First Aid—certified class through Medic First Aid, American Heart Association, Red Cross, ASHI, or Evergreen Safety Council. Class available through GSEM. If not taken through GSEM, a copy of the certification/card must be sent to GSEM. If you are an EMT or higher, credentials must also be sent to GSEM.
 - Blood Borne Pathogens—available at no charge through WA State L & I:
http://www.lni.wa.gov/safety/trainingprevention/online/courseinfo.asp?P_ID=200
A copy of the certificate must be sent to GSEM.
- Helicopter Training**—required for SAR and MEOC (per WA EMD)
 - Classes usually held twice a year
- Issuing the ID**—the ID will be issued with approval from team/unit leader, upon completion of all necessary training, and with at least three months of active participation with team/unit.

ADDITIONAL INFORMATION:

- Diverse trainings will be made available to all volunteers. Volunteers will be notified of these opportunities as they arise.
- Defensive Driving/Driver Improvement Training is required if you want additional insurance coverage from Spokane County. If you get in an accident while participating as a volunteer—especially if the accident occurs with your personal vehicle—it is important to have the County's insurance.

Questions: Contact Simone Ramel-McKay at (509) 477-3006, sramelmckay@spokanecounty.org



Volunteer Services Application

PLEASE TYPE OR PRINT – FULLY ANSWER ALL QUESTIONS – USE INK ONLY

Name (Last):		(First):		(Middle):	
Street Address including City, State and Zip					
Mailing Address including City, State and Zip (if different than street address):					
Driver's License No.:		D.L. expiration date:	Date of Birth:		Sex (M/F):
Height:		Weight:	Color Eyes:		Color Hair:
Physical Disabilities (If any):					
Home Telephone:		Work Telephone:		Cell phone and carrier (Sprint, ATT, Verizon, ??)	
Email:					
I certify that the information on this card is true and correct to my best knowledge and belief. I authorize DEM to conduct a background investigation and drivers check.			In Case of Emergency Please Notify:		
Emergency Worker Signature:		Date of Signature:	Name:		
Parent Signature if under 18 years old:			Telephone Number with Area Code:		
Unit(s) (primary/secondary): IE: ARES, CERT, INSAR, MSAR, etc.			Relation to Emergency Worker:		
Unit Leader Signature			Date of signature		

PHOTO IDENTIFICATION NECESSARY

You **MUST** submit a copy of an official photograph identification card with this application. Examples are: **driver's license**, state identification card, passport, or military identification.

For Office Use ONLY

Background Checked and approved by:		Date	RMS	DOL
Registration Number:		Date:		

Spokane County Sheriff's Office Volunteer Personal History Form

READ INSTRUCTIONS CAREFULLY: This information must be accurately reported because it **may** be used as a basis for a detailed investigation of your background. Answer all of the questions. If you need additional space use Section 9: Supplemental. If the question does not apply to you place an "N/A" in the box. The applicant must be the person who completes this form.

Section 1: Personal Information

Date:	Current Employer/Supervisor
Legal Name: (Last, First Middle)	Other Names: (Maiden, Nickname, Alias)
Date of Birth:	Place of Birth: (City, State or Country)
Social Security Number: Last four digits.	Drivers License Number, State and Expiration:
Resident Address: (Number, Street, City, State, Zip Code)	Residence Phone Number:
Work and/or Cell Phone Number:	E-Mail Address:

Section 2: Emergency Contact

Name: (Last, First Middle)	Date of Birth:
Resident Address: (Number, Street, City, State, Zip Code)	Phone Number(s):

Section 3: Current Employer

Start date: (Month / Year)	Name of Employer:	Employer Address: (Number, Street, City, State, Zip)
Job Title:	Description of duties:	
Salary (Hourly & yearly) N/A	Employer Phone Number:	Supervisor Name:
Total Time Employed (Months)	Supervisor's Direct Phone Number:	Supervisor's Email:

Section 4: Military Service

Branch of Service:	Military Skill / Training: (Infantry, medic, etc.)
Rank or E- Grade:	Dates of service:
Present Military Status:	Type of separation: (If applicable)
Last Unit:	Last Unit Phone Number:

Section 5: Arrests, Traffic Citations and Convictions

List all arrests for any crime and/or traffic infractions. If you need additional space use Section 9: Supplemental.

Date	Charge or Type of Violation	Issuing Agency	Penalty or Fine

Section 6: Other Law Enforcement Contacts

Have you had any other contacts with any Law Enforcement agency? (e.g., Traffic stops that did not result in a ticket). List all contacts, either self-initiated or initiated by the agency. (No Exceptions) If you need additional space use Section 9: Supplemental.

Date	Reason	Agency

Section 7: General Information

If you answer, "Yes" to any of the following questions give a full explanation in Section 9: Supplemental. Explanations must include dates. A "Yes" answer will not necessarily disqualify you from the application process.

A.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used or tried an illegal controlled substance / Drugs? (Narcotics, Stimulants, Hallucinogenic, Marijuana, Sleeping pills/tranquilizers and/or someone else's prescription medication.) List all in Section 15: Supplemental.
B.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have civil actions pending against you?
C.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been detained or arrested for any reason?
D.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you ever involved in a disciplinary action at any of your jobs, school or in the military? (Include verbal, written and suspensions)
If you answer "No" to any of the following questions give a detailed explanation on the supplemental page.		
E.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen?
F.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Washington State Drivers License?

Section 8: Supplemental

This section is to be used to write a detailed explanation to any of the question on the Personal History Form. Include the Section Number with all explanations. If you need more space you may use a piece of blank paper.

Section #



**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.

[Statutory Authority: Chapter [38.52](#) RCW. 01-02-053, § 118-04-200, filed 12/28/00, effective 1/28/01; 93-23-005 (Order 93-08), § 118-04-200, filed 11/4/93, effective 12/5/93.]

Signature of Applicant

Date



Private Owned Vehicle (POV) Usage Guidelines for Volunteers

Listed below are the state's and county's guidelines for POV utilization.

If a volunteer is responding under a state mission number, which includes all SAR callouts, the state requirements are applicable and they will also be covered while traveling. Units are strongly encouraged to submit timely training schedules so that state mission numbers may be obtained for all trainings so volunteers fall under the state guidelines and reduce costs to our County.

If the volunteers are not covered under a state mission number and they have insurance below the county standard, or they do not have a current defensive driving certificate, they will not be authorized to use their POV past arriving at the ICP (Incident Command Post).

Washington State's requirement for usage of POVs is:

A valid driver's license and insurance at \$25,000/\$50,000 bodily injury and \$10,000 liability per WAC 46.29.490 is required. This is the legal requirement for all drivers in Washington State.

Spokane County's requirement for usage of POVs is:

Transport to and from the ICP: the state standard applies and no additional coverage is provided by the county. POV use past the ICP: the Spokane County Vehicle Use Policy requires coverage at \$100,000/300,000 liability and \$50,000 property damage or \$300,000 combined single limit and authorization from the IC (Incident Commander). The County does not require liability insurance from volunteers for privately owned Off-Road vehicles such as 4-wheelers, snow mobiles, horses, etc. when used in conjunction of their volunteer duties.

The County advises each POV operator to review your personal auto insurance policy to ensure coverage is afforded when utilizing their vehicle for "incidental use for business" as insurance policy coverage and exclusion language differs from company to company. Personal auto insurance follows the vehicle and is the Primary Insurance up to the policy limits. Any County insurance coverage is secondary and provides coverage above the required POV primary coverage limits.

In addition, all operators of County or POV vehicles used for County business or purposes are required to complete the following:

1. Driver Improvement Training every 3 years. Driver improvement can be: Defensive Driving course, Skid Avoidance or EVOC/EVAP.
2. Vehicle Use Acknowledgement Form. Each authorized vehicle operator (County or POV) is required to sign the form acknowledging that they have read and understand the Vehicle Use Policy and the Accident Reporting Policy.

Attachment A – Vehicle Use Acknowledgement Form

**Spokane County
Vehicle Use Acknowledgement Form**

In consideration for authorization of use of a Spokane County vehicle, or use of my privately owned vehicle for County business or purpose, I acknowledge that:

1. I have read, understand and shall comply with the content of Spokane County Policy #630 (Vehicle Use).
2. I have read, understand and shall comply with the content of Spokane County Accident Prevention Policy # 1.7 (Accident Reporting).
3. I acknowledge that authorization for use a vehicle for County business and purpose can be suspended or revoked at my Department Head's discretion.

Employee's Name: _____

Employee's Signature: _____

Date: _____

Department: Greater Spokane Emergency Management



Greater Spokane Emergency Management

Emergency Volunteer Policy and Agreement

I, _____ (PLEASE PRINT FULL NAME) understand that I will be an emergency response volunteer supporting Greater Spokane Emergency Management (GSEM) and its partners: City and County law enforcement, City and County fire services, 911, etc. and will never represent myself as anything other than being a volunteer in support of these organizations.

I understand that maintaining confidentiality of information while responding to an incident is a requirement of being a volunteer with GSEM. I may have access to sensitive information, such as investigative information, and I understand that all information seen or heard by me is strictly confidential. I understand that volunteers must NEVER release any information to other persons, whether copied, printed, or spoken verbally. All information on-scene stays at the scene.

I understand that release of confidential information could violate the law and could result in civil and/or criminal penalties as provided by the law.

While being an emergency response volunteer for GSEM, I will uphold a positive image for all the organizations with whom I engage and will take full responsibility for my actions. While on scene, I will listen and follow the instructions of the Incident Commander (IC) and/or Public Information Officer (PIO). I will remember that I am a support person at the scene and will not interfere with the work of on-scene first responders.

I will strive to be professional and friendly in all my interactions, and will abide by the GSEM team values. I also will strive to be respectful of my fellow volunteers/teammates.

If any portion of this agreement is violated, I may be immediately removed from participating as a volunteer with GSEM. I understand that my role as a volunteer with GSEM may be terminated at any time, and for whatever reason, pending an appeal with the Emergency Management Operations Group.

Dated this _____ day of _____, 2017

(Printed Volunteer Name)

(Volunteer Signature)