



Information on Volunteer Application Process

~PLEASE REVIEW~

Application Process—*Please fill out application completely!*

- *Be sure to include the team/unit you are interested in joining and remember to sign it!*
 - ♦ Scan and email to: sramelmckay@spokanecounty.org
 - ♦ Or mail to: Greater Spokane Emergency Management
Attn: Simone Ramel-McKay
1121 W. Gardner Ave.
Spokane, WA 99201
- Spokane County Sheriff's Office will perform background check—takes one or two weeks
- When background check is complete (with status), applicant and team/unit leader will receive an email from Greater Spokane Emergency Management (GSEM). If volunteer is approved, a volunteer registration # will be included.

ID Card Process—*volunteer 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 GSEM for dates—*see contact information at bottom of page, and please read the reminder.*
- **FEMA courses:** IS 100 & 700. Online training: <https://training.fema.gov/is/crslist.aspx>
Copies of certificates must be sent to Simone at GSEM.
- **First Aid Training**—*required for SAR, MEOC & HEART volunteers*
 - ♦ Basic Life Support—certified First Aid, CPR and AED 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, please also send copies of those certifications.
- Blood Borne Pathogens—free online training through WA State L & I:
http://www.lni.wa.gov/safety/trainingprevention/online/courseinfo.asp?P_ID=200
Please take a screen shot of your test results and email to Simone at GSEM.
- **Helicopter Training**—*required for ALL VOLUNTEERS (per WA EMD)*
 - ♦ These trainings are infrequent; please contact GSEM for more information.
- **Issuing the ID**—the ID will be issued upon completion of all necessary training, with at least three months of active participation with team/unit, and with approval from team/unit leader.

ADDITIONAL INFORMATION:

- Volunteers will be notified of additional training opportunities as they arise.
- Defensive Driving/Driver Improvement Training is required if you want additional insurance coverage from Spokane County. If you get in a collision while participating as a volunteer—especially if it occurs with your personal vehicle—it is important to have the County's extra coverage which can cover any additional costs you may incur.

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



Spokane County Volunteer Services Application

~All Departments & Programs, including Emergency Workers~

PLEASE TYPE OR PRINT – ALL QUESTIONS MUST BE ANSWERED – 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:
Home Telephone #:	Work Telephone #:	Cell Phone # and Provider (ATT, Verizon, etc.):	
Email (best one to reach you):			
I certify that the information on this form is true and correct to the best of my best knowledge. I authorize the Spokane County Sheriff's Office to conduct a background investigation and driver's license check.		In Case of Emergency Please Notify (NAME):	
Volunteer Name:	Date of Signature:	Relation to Emergency Worker:	
Volunteer Signature:		Phone Number (s) with Area Code:	
Parent Signature if under 18 years old:		Name of Parent:	
Unit or units applying for : i.e. SCOPE, SAR, ESAR, INSAR, ISD, WK, HEART, ARES RACES, DART, MEOC, DEM, MRC, Air-1, or Chaplains. If you are not sure, please leave blank.			
PHOTO IDENTIFICATION MUST BE PROVIDED			
Submit a copy of an official photograph identification card with this application. Examples are: driver's license , state identification card, passport, or military identification.			
<i>For Office Use ONLY</i>			
Background Checked and approved by:	Date	RMS	DOL
Registration Number:	Date:		



Spokane County Sheriff's Office

Volunteer Services Application--Personal History

PLEASE READ THESE INSTRUCTIONS CAREFULLY: This information must be accurately reported because it will be used as a basis for a detailed investigation of your background by the Spokane County Sheriff's Office. All questions must be answered. If you need additional space, please use Section 7: Supplemental Information. If the question does not apply to you, please write "N/A" in the box. **The applicant must be the person who completes this form.**

Section 1: Additional Personal Information

Today's Date:	Last Name of Applicant:	Last Four Digits of Social Security #:
Other Names: (Maiden, Nickname, Alias)		Place of Birth: (City, State or Country)

Section 2: Current Employer

Name of Employer:	Start Date (Month/Year):	Total Time Employed (Months):
Employer Address: (Number, Street, City, State, Zip)		Employer Phone Number:
Job Title:	Description of duties:	
Supervisor's Name:	Supervisor's Direct Phone #:	Supervisor's Email:

Section 3: 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 4: Arrests, Traffic Citations and Convictions

List traffic infractions and/or all arrests for any crime. If you need additional space, use Section 7: Supplemental

Date	Charge or Type of Violation	Issuing Agency	Penalty or Fine

Section 5: Other Law Enforcement Contacts

Have you had any other contacts with any Law Enforcement agency? (i.e. 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, please use Section 7: Supplemental Information.

Date	Reason	Agency

Section 6: General Information

If you answer, "Yes" to any of the following questions, please provide a full explanation in Section 7: Supplemental Information. Explanations must include dates. *PLEASE NOTE: Answering "Yes" 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 7: Supplemental Information.
B.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you have any 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, in school or in the military? (Include verbal, written and suspensions)

If you answer "No" to any of the following questions, please also give a detailed explanation in Section 7: Supplemental Information.

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 7: Supplemental Information

This section is to be used to write a detailed explanation to any of the questions on the Personal History Form. Please include the section number with all explanations. If you need more space, please use a blank piece of paper and include the section number.

Section #	Explanation

I certify that the information on this form is true and correct to the best of my best knowledge. I authorize the SCSO to conduct a background investigation and driver's license check.

Volunteer Signature:	Date:
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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.

[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



Privately 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.



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.

Volunteer's Name: _____

Volunteer's Signature: _____

Date: _____

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)

