

**PIERCE COUNTY  
DEPARTMENT OF EMERGENCY MANAGEMENT**

**EMERGENCY WORKER REGISTRATION PROCEDURES**

**1. AUTHORITY:**

“Local jurisdictions have the responsibility to establish criteria and standards for emergency workers whom they register. This may include the demonstrated proficiency of the worker to perform emergency activities by assignment and personnel class”  
(WAC 118-04-130)

**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. (WAC 118-04-080)
- 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 118-04-120)
- 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 and IS-700 NIMS course. I will also provide a copy of my FEMA IS-100 and IS-700 NIMS certificate 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:

2<sup>nd</sup> day of May 2006

1<sup>st</sup> day of May 2006

  
\_\_\_\_\_  
Deputy Prosecuting Attorney

  
\_\_\_\_\_  
DEM Director