|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMERGENCY WORKER REGISTRATION CARD** | | | | | |
| Jurisdiction: Snohomish County – DEM Unit: | | | | Issue Date: | Registration #: |
| Name (Last): | | (First): | (Middle): | Partial SSN: | |
| E-Mail Address:  1. 2. | | | | PHOTOGRAPH | |
| Mail Address: | | | |
| City: | | State: | Zip Code: |
| Driver’s License No.: | Date of Birth: | Blood Type: | Sex (M-F): |
| Height: | Weight: | Color Eyes: | Color Hair: |
| Physical Disabilities (If any): | | | |
| Home Telephone: | | Cell # and cell provider: | | **- In Case of Emergency - Please Notify:** | |
| **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 (WAC-118-04): | | | | Telephone Number with Area Code: | |
| Authorizing Signature: Local Jurisdiction:    Snohomish County DEM | | | Date of Signature: | Relation to Emergency Worker: | |

Emd-024 (7/06) (FRONT)

|  |  |  |
| --- | --- | --- |
| **EMERGENCY WORKER TRAINING RECORD** | | |
| **COURSE** | **HOURS** | **DATE COMPLETED** |
| NIMS 100c |  |  |
| NIMS 700b |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **MEMBER APPLICATION FEE** |  | **Waived: NO YES** |
| Date: |  |  |
| Amount: |  |  |
| Method of payment (credit card or check only): | Credit Card | Check |
| **Received by:** |  |  |
|  |  |  |
| **ADDITIONAL INFORMATION - REMARKS:** | | |
|  | | |
|  | | |
|  | | |

Payment can be made using the following link or QR code. Please retain proof of payment and submit with your application.

https://scvsar.org/donate/

Or use the QR code below:

