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| **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)

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| --- |
| **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:

