



**FRANKLIN COUNTY
EMERGENCY MANAGEMENT**

1011 E. Ainsworth St.

Pasco, WA 99301

(509) 545-3546



Thank you for applying to become a volunteer with Franklin County Emergency Management (FCEM) office. When you volunteer for the FCEM emergency response organization, unlike most organizations you volunteer for, you are registering as an emergency worker both within Franklin County and the State of Washington. We classify all Emergency Management volunteers as Emergency Workers under WAC 118-04-100.

Each Emergency Worker in his/her own way is an integral part of emergency preparedness for Franklin County. No matter what you volunteered to do, as an emergency worker, we may ask for your help in the event of a major emergency or disaster. Your availability and qualifications determine how or when we request your assistance.

For your information, under RCW 38.52, an Emergency Worker is protected for medical services, property loss or damage, and liability during the time and distance necessary to travel to the duty, performance of the activity, and reasonable time to return to the point of origin.

Before completing the attached application, please review all forms. Two passport-style photographs will be needed. It is the policy of this office that all information gathered will be strictly confidential between you and this office.

On behalf of the Mayors, Commissioners, and the citizens of Franklin County, we thank you for volunteering to serve your community.

Sincerely,

Sean T. Davis,
Director
Franklin County Emergency Management



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EMERGENCY MANAGEMENT**

1011 E. Ainsworth St.

Pasco, WA 99301

(509) 545-3546 Fax: (509) 545-2139



CERTIFICATE OF AUTHORIZATION

I, _____, certify that:
(Print Last, First MI)

1. I am in adequate physical condition to carry out the emergency 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 Application Card, which might render me unfit to carry out my emergency assignment.
2. I am able to speak, read, and write the English language.
3. I am not addicted to the use of intoxicating liquors or narcotics or other controlled substance.
4. I have/have not been arrested for and/or convicted of a crime. (Circle one; If yes, please explain)

5. I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of the Director of Franklin County Emergency Management.
6. I have read and understand the contents of WAC 118-04-200.
7. I understand that I must possess a valid driver's license and liability insurance to meet the state requirement if I drive to or from a mission or training event.
8. I understand that when activated for an event or training, I am a representative of Franklin County Emergency Management and as such serve all the citizens of Franklin County regardless of their age, sex, color, religious beliefs, cultural beliefs, physical or mental impairments, or political activities. I will keep my personal beliefs and feelings to myself and not let them interfere with the performance of my assigned duties.



WATCH Account · Search Request

Read [WATCH Search Instructions](#) prior to using this form request criminal history checks for one to ten subjects.

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>
Date of Birth: (MM/DD/YYYY)	<input type="text"/>	Gender:	<input type="text" value="Unknown"/>		
OTHER NAME(S) USED:					
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>

Add to Search Request

Clear

9. I understand that any claims for reimbursements, of authorized expenses are covered under RCW 38.52 and WAC 118-04. I further understand that claims for medical expenses must be submitted within one year of the injury and claims for property damage/loss or other authorized expenses must be filed within three years from the date of occurrence. All claims must include receipts and documentation and be submitted through the Franklin County Emergency Management Director.

Signed _____ Date _____

(applicant)

Signed _____ Date _____

(parent or guardian of applicants under age 18)

Approved this _____ day of _____, _____

Sean T. Davis, Director
Franklin County Emergency Management

NOTE: (1) If the answer to “4” above is yes, you may request an informal meeting with the Franklin County Emergency Management Director to discuss the circumstances prior to submitting this application.

(2) If you are denied an Emergency Worker Identification Card, you may appeal the decision to Franklin County Emergency Management.

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 record keeping and reporting.