Jefferson County Emergency Management

PERSONNEL RECORD – VOLUNTEER EMERGENCY WORKER

CARD NUMBER	

LAST NAME	**Print**					**MIDDLE INITIAL**	
FIRST NAME				**WA DR LICENSE**			
GENDER		**DATE OF BIRTH**		**SOC SEC NO.**			
STREET ADDRESS							
	CITY			**STATE**	*WA*	**ZIP**	
HOME PHONE				**MOBILE PHONE**			
EMAIL				**CELL PROVIDER**			
PHYSICAL DESCRIPTION	**HEIGHT**			**WEIGHT**			
	HAIR COLOR			**EYE COLOR**			
EMERGENCY CONTACT	**NAME**			**RELATIONSHIP**			
	DAY PHONE			**MOBILE PHONE**			
SIGNATURE					**DATE**		

INTERNAL USE ONLY		
	Applicant issued copy of WAC 118-04	
	Background check completed	
	Emergency worker assignment: [ ]	
	ID card issued	

Revised April 3, 2012