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| <i>City of Maple Valley Emergency Worker/Inspector Application</i> | | | | | | Emergency Worker/ SAR Identification Card Number (For office use only.) - | |
| LEGAL NAME: (LAST) (FIRST) MIDDLE NAME | | | | | | Organization/Unit: | |
| Address: | | City | | State | | Zip Code +4 | |
| Home Phone: | | Cellular Phone: | | Work Phone: | | Pager: | |
| E-Mail Address: | | Driver License Number: | | | State: | Date of Birth | |
| Employer: | | Sex: | Race: | Height: | Weight: | Hair Color: | Eye Color: |
| Employer Address: | | | | | | | |
| <p>I declare that this information is true and accurate. I grant the City of Maple Valley permission to conduct a criminal history background check, and obtain a copy of my driver's license abstract, using the above information as needed. I understand that my participation in this program is contingent upon the accuracy of the above information and my following all laws and all policies and procedures established by the City of Maple Valley, or its agents with regard to the Emergency Worker program and the activities of its volunteers.</p> | | | | | | | |
| Signed: _____ | | | | Date _____ | | | |
| Professional Training (Engineer/Architecture/Heavy Equipment Operator/CDL) | | | | License # & State: | | Expiration Date: | |
| Specialized Training (i.e. ATC 20): | | | | ICS training: | | Date(s): | |
| First Aid /CPR: (Need Copy of Card) | | Do you have transportation? | | Availability post disaster: (e.g. immediately, 2 days ...) | | | |
| Other skills, limitations or prior commitments: | | | | | | | |
| <i>Please supply a digital photo with this application (in some cases units may take the photo) for your ID card</i> | | | | | | | |
| For Office use only: | | | | | | | |
| Application Received (City of Maple Valley staff Initials) : | | Digital Photo: | | Other Documentation: | | Issued Emergency worker ID Card: | |



City of Maple Valley Emergency Worker Vehicle Certification

As a City of Maple Valley Emergency Worker volunteer, or parent of an Emergency Worker volunteer, I may have occasion to drive my personal motor vehicle during the course of missions. I understand that the City of Maple Valley needs to be confident that any motor vehicle used to get to or from missions is in good working condition, and in compliance with all Washington State laws regarding motor vehicles. Accordingly, I hereby certify that:

“Any motor vehicle that I drive in the course of performing, or assisting others in performing, the City of Maple Valley Emergency Management missions will be in good working condition and will comply with all Washington State laws regarding motor vehicles.”

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| <u>Mandated Information:</u> |
| Do you have Car Insurance: |
| If Not Why: |
| Car Insurance Co. Name: |
| Policy #: |
| Expiration Date: |

REFERENCES:

Please list two non-family references that we may contact:

1. _____ Tel.: _____ E-mail: _____

2. _____ Tel.: _____ E-mail: _____

The information I have provided herein is complete and accurate to the best of my knowledge

Signed this _____, day of _____, 20____ by

Emergency Worker Volunteer