

FULL Name: _____ Date: _____
 Volunteer Unit _____ ID #: _____
 Exp. date: _____

Nature of Change (Place an X in front of applicable):

___Renewal ___Name ___Address ___Unit ___E-mail ___Other

****CURRENT EMAIL ADDRESS:** _____

Old information & reason for change (e.g. Renewal, moved, name change, etc.):

New information:

All Applicants: If this information has changed, please complete.

In case of emergency please notify: Name: _____

Telephone: (home) _____ (work) _____ (Cell) _____

Preferred method of contact: _____ Relationship: _____

CPR/1st Aid – Please submit current certification if we don't already have on file.

Do you have a current CPR card/certification? Yes _____ No _____ Exp. Date: _____

Do you have a current First Aid card/certification? Yes _____ No _____ Exp. Date: _____

I certify that the information on this application is correct to my best knowledge and belief.

Volunteer Signature Date

 Unit leader / Representative Signature Date

Staff use only:

Background Verification Completed: _____ Signature: _____
 (Date)

Date ID issued: _____ Date ID expires: _____ In PIER? _____

Staff Signature: _____ Date: _____

KITSAP COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT
CRIMINAL HISTORY AUTHORIZATION FORM – EMERGENCY WORKER

Please print legibly and fill out completely – failure to do so may delay your application

_____/_____/_____
LAST NAME FIRST NAME MIDDLE NAME

ALIAS OR MAIDEN NAME(S) USED:

RACE: _____ SEX (Circle): **M / F** DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: ____/____/____

CURRENT ADDRESS:

_____/_____/_____
NUMBER & STREET CITY & STATE ZIP

PHONE NUMBER: (____) _____ - _____ CELL: (____) _____ - _____

DRIVERS LICENSE NUMBER & STATE:
_____/_____ Expiration: _____

OTHER STATES LIVED IN:

I hereby give permission for the Kitsap County Department of Emergency Management to conduct a Criminal History background investigation, and also obtain an abstract of my driving record if needed.

SIGNATURE: _____ DATE: _____

Parent or guardian of applicant must sign if under 18 years of age:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____