



CITY OF MERCER ISLAND OFFICE OF EMERGENCY MANAGEMENT

The mission of Mercer Island Emergency Preparedness is to prepare for, respond to, and recover from local and regional incidents, and to prepare Mercer Islanders to be self-sufficient for 7- to 14-days following a major disaster.

Welcome, and thank you for your interest in becoming an emergency management volunteer!

As you are likely aware, city staff and resources may be quickly overwhelmed during a disaster. During a major disaster, it could take weeks for FEMA and outside help to arrive. To help supplement efforts, the City has established a corps of trained volunteers to aid in our disaster response until outside help can arrive. To prepare volunteers, our program offers a wide range of classes, trainings, and certifications to residents and local businesses.

Steps to Become an Emergency Management Volunteer

- 1. Complete CERT Training.** The City offers training in basic disaster preparedness and response skills to Mercer Island residents and businesses. The program is known nationally as Community Emergency Response Team (CERT) training. CERT trains and organizes volunteers to assist families, neighbors, co-workers, and other community members during emergencies. The City typically offers the [CERT course](#) once a year.
- 2. Complete a Background Check.** We require all volunteers to go through a background check to ensure the safety of all volunteers and the people we will be serving.
- 3. Complete Online FEMA Independent Study Classes.** A base level of understanding of how teams are organized during a disaster is required to participate as a volunteer. These courses are taken at your own pace. Create a FEMA student ID (SID) to complete the course. Submit course certificates to Amanda.Keverkamp@mercerisland.gov.
 - [IS-700: National Incident Management System, An Introduction](#)
 - [ICS-100: Introduction to the Incident Command System](#)
 - [ICS-200: ICS for Single Resources and Initial Action Incidents](#)
 - [IS-800: National Response Framework, An Introduction](#)

4. Submit a Photo for Volunteer Badge. A photo (headshot on a white background) will be needed for your volunteer badge. You can email your photo to Amanda.Keverkamp@mercerisland.gov.

Volunteers will receive a badge once FEMA certificates have been received and background check and applications are approved.

Why the steps and classes? In Washington State, volunteers who complete these steps are considered Emergency Workers and are covered by RCW 118-04.

What happens after you become a badged volunteer.

The City's badged volunteers may be called upon to help when disaster strikes. Badged volunteers are also eligible to assist other communities as requested.

Trained and badged volunteers are organized into volunteer teams that will help perform essential and lifesaving activities during the initial phase of disaster response. These teams are based on interest, training, and skills. Volunteers assist on teams like:

- Disaster Medical
- Damage Assessment
- Search & Rescue
- Sheltering
- Communications/Ham Radio Operators
- Administration
- Transportation
- Emergency Well Operations
- and more!

On the application form, please check the boxes for the teams that you are either interested in or have a skill set for.

Badged volunteers can also join other volunteer groups to help out communities across the region, state, and country.

We can't thank you enough for your interest in personal and family preparedness and becoming a trained volunteer! Please contact me with any questions.

Sincerely,



Amanda Keverkamp
Emergency Manager
Mercer Island Police Department
9611 SE 36th Street
Mercer Island, WA 98040
amanda.keverkamp@mercerisland.gov



CITY OF MERCER ISLAND, WASHINGTON

Emergency Management Office

9611 SE 36th Street • Mercer Island, WA 98040-3732

(206) 275-7905 • www.mercerisland.gov/emergencyprep

EMERGENCY WORKER (VOLUNTEER) APPLICATION

Name

_____ (First) _____ (Middle) _____ (Last)

Address

_____ Address _____ City _____ State _____ Zip

Phone

_____ Home _____ Work _____ Cell

Email

Date of Birth

Driver's License # _____

Emergency Contact Information

Name _____ Phone _____

Address _____ Relation _____

Applicant is qualified to perform the following assignments (check all that apply):

<input type="checkbox"/> Administration	<input type="checkbox"/> Mental Health (<i>license required</i>)
<input type="checkbox"/> Animal Shelter Care	<input type="checkbox"/> Resource Acquisition
<input type="checkbox"/> ARC Certified	<input type="checkbox"/> Search & Rescue
<input type="checkbox"/> Child Care (<i>background check required</i>)	<input type="checkbox"/> Senior Care (<i>background check required</i>)
<input type="checkbox"/> Communications (<i>HAM call sign _____</i>)	<input type="checkbox"/> Shelter
<input type="checkbox"/> Damage Assessment (<i>ATC 20 Training required</i>)	<input type="checkbox"/> Transportation (<i>CDL # _____</i>)
<input type="checkbox"/> Faith Community (warming centers)	<input type="checkbox"/> Utility/water distribution/debris clearing
<input type="checkbox"/> Medical (<i>license required / # _____</i>)	<input type="checkbox"/> Other _____

APPLICANT: You (applicant) are only authorized to work on behalf of the City of Mercer Island in the capacities listed above and on the Registration Form, and within your level of ability. In addition, by submitting this application, you affirm your qualifications to perform this work, agree to maintain any required licenses during the period when work is performed, agree to serve at the direction of the City Manager (or designee), and agree to comply with WAC section 118-04-200 rules.

Your emergency worker identification card is the property of the City of Mercer Island, and may, at the discretion of City officials, allow you to enter otherwise restricted areas. By submitting this application, you agree not to divulge any confidential information you may be exposed to during your assignment and agree to represent yourself in a professional manner.

Being an emergency worker requires you to be in good health. By submitting this application, you agree to only perform work that will not adversely affect any health condition you may have. You are encouraged to stay up to date on First Aid and CPR and to attend other emergency preparedness related classes offered by the City.

Providing false information on this application may affect your eligibility for insurance coverage during your assignment. I have read, understand, and agree to the above statements.

APPLICANT'S SIGNATURE

DATE

Registered By: _____

Name _____

Title _____

Date _____

Reminder! Photo copy of badge on back

BACKGROUND CHECK DISCLOSURE

Pursuant to the federal Fair Credit Reporting Act (“FCRA”) and its applicable state counterparts,

CITY OF MERCER ISLAND EMERGENCY MANAGEMENT (the “Company”) may obtain consumer reports or investigative consumer reports on you for employment purposes in connection with your employment, potential employment, contract for services, volunteer position or other employment-related purpose. The Company may procure consumer reports on you both in connection with your application, and, if applicable, at any time during the course of your employment, contract for services or volunteer position with the Company. Consumer reports are written, oral or other communications that bear on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living that are used (or expected to be used) as a factor in establishing eligibility for employment purposes. “Investigative consumer reports”* are consumer reports (or portions of consumer reports) in which information is obtained through personal interviews with your neighbors, friends, associates or acquaintances, and are commonly obtained in connection with education or employment reference checks. *In California, an “investigative consumer report” means any consumer report that is not a credit report.

Consumer reports may include items such as employment verifications, education verifications, credit history, driving records, criminal history, motor vehicle records, licensures, certifications, social security number verification, drug testing results or other information obtained through background check services. The information may be obtained from private and public record sources, including personal interviews with your neighbors, friends, associates or acquaintances.

You may find a “A Summary of Your Rights under the Fair Credit Reporting Act” at: <http://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>

The name of the consumer reporting agency from whom the Company may procure consumer reports or investigative consumer reports is DataQuest, LLC (“DataQuest”), P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135. Please direct all inquiries to DataQuest.

You have the right to dispute incomplete or inaccurate information in your consumer report. You have the right, for a reasonable time after receipt of this notice, to make a written request to DataQuest for a complete and accurate disclosure of the nature and scope of the investigation requested by the Company, as well as to receive a written summary of your rights and remedies under the law.

You may find information about DataQuest’s privacy practices, including whether your personal information will be sent to third parties outside the United States or its territories, as well as information concerning contact information for DataQuest’s representatives who can assist you with additional information regarding DataQuest’s privacy practices in the event of a compromise of your information, on DataQuest’s website, www.dataquestllc.com.

Please sign below to acknowledge your receipt of this Background Check Disclosure.

Signature: _____

Date: _____

Printed Name: _____

P.O. Box 1308, Snohomish, WA 98291
Phone: (888) 443-0135 // Fax: (888) 226-6952
Web: www.dataquestllc.com

Company: CITY OF MERCER ISLAND EMERGENCY MGMT
Phone #: (206) 275-7905

Applicant Name: _____	Last	First	Middle
List additional AKA/Alias names used in the LAST 7 YEARS: _____			
Date of Birth*: _____	Social Security #: _____ <small>(*Used for identification purposes only)</small>		
Driver's License#: _____	State Issued: _____		Expires: _____
*** Please list addresses used during the LAST 7 YEARS ***			
Current Address: _____ <small>(Complete Address Required)</small>	City	State	Zip Code
Previous Address: _____ <small>Street Address</small>	City	State	Zip Code
Previous Address: _____ <small>Street Address</small>	City	State	Zip Code
Previous Address: _____ <small>Street Address</small>	City	State	Zip Code

By signing below, I acknowledge receipt of the Background Check Disclosure ("Disclosure") that accompanies this Background Check Authorization ("Authorization"). I authorize the company named above (the "Company") to obtain consumer reports and/or investigative consumer reports on me for employment purposes as set forth in the Disclosure. I also authorize DataQuest, LLC ("DataQuest") to procure all reports, records, verifications or other information necessary to complete the background check and to furnish the information to the Company. I certify that all information I supply on this Authorization and on any supplemental page(s) is true and correct. I understand that providing fraudulent or misleading information on this Authorization may be grounds for denial of employment, contract for services or volunteer position by the Company or for discharge by the Company. This Authorization shall be valid upon the Company's receipt of my signed Authorization, and, if applicable, at any time during the course of my employment, contract for services or volunteer position with the Company. I authorize the Company, if the Company places workers with other employers, to share any consumer reports or investigative consumer reports with any employer where the Company may attempt to place me to work. I agree that a facsimile or copy of this Authorization form, or electronic signature obtained specifically through DataQuest's authorized electronic signature program, shall be valid as an original.

I understand drug/substance abuse testing may be a requirement for the position for which I am applying or for my current position. If required by the Company, I hereby authorize any laboratory, health care clinic, hospital or qualified medical professional coordinated by DataQuest to conduct such testing and to release the results to DataQuest and/or the party with which DataQuest may contract to arrange for such testing. I also authorize DataQuest to provide those results to the Company. I understand that the results of my drug/substance abuse test may be provided to and reviewed by a medical review officer (MRO) before being released to DataQuest and the Company, and that the MRO may discuss the results of the test with me and ask about medical information specifically related to the test. I understand that when this review is complete, only the drug/substance test results will be provided by the MRO to DataQuest and the Company, and that no other medical information about me will be disclosed.

California Applicants or Employees Only: By signing below, I acknowledge receipt of "Notice to California Applicants." Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have the right to receive such a copy under California Law.

New York Applicants or Employees Only: By signing below, I acknowledge receipt of a copy of Article 23-A of New York Correction Law. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Maine Applicants or Employees Only: You have the right to request and promptly receive a copy of any investigative consumer report obtained by the Company. If you wish to receive a copy of any such investigative consumer report, please contact DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Minnesota and Oklahoma Applicants or Employees Only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

You may have additional rights under your applicable state law, and you may wish to contact your state or local consumer protection agency or a state attorney general (or the equivalent) to learn about those rights.

Applicant Signature: _____ **Date:** _____