OFFICE OF THE OKANOGAN COUNTY SHERIFF

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SEARCH AND RESCUE

Description of New Member Application Process and Requirements:

- Prospective applicants must be 18 years of age, cannot be a felon, and must possess a valid Washington State Driver's License.
- Applicants must be available to volunteer for the program for at least two years after their initial qualification date.
- If the above requirements are met, applicants will be provided with an application which includes a copy of the program/job description. The application process involves the applicant signing to their understanding of their responsibilities as a prospective member.
- The sheriff's office will then run a criminal background check on the applicant.
- If after the background check the applicant is accepted, then the applicant will be eligible to attend a two day basic training course (WAC Title 118) that will introduce them to the SAR program and the Washington State laws that govern it. There is a classroom and physical/outdoor portion to this training.
- On their own time and prior to attending basic training, the applicant will take online IS700 and ICS100 courses. Also prior to attending basic training, applicants will obtain a CPR/First Aid card. Copies of the card and course certificates will be provided to the Sheriff's Office along with a copy of their current, valid Washington State Driver's license. These items must be provided prior to attending basic training. Recertification of CPR/First Aid is the applicant/member's responsibility.
- On completion of the basic training, the applicant will be qualified for a field or support assignment, depending on the applicant's goals and abilities. This means the new member can now respond to a call out and be part of a field foot team or logistical support.
- After 1 year of membership and after attending their first annual requalification, the member may explore the possibility of joining a specialty team, for example; swift water rescue or ATV (if you have an ATV and are experienced). There are other teams but they require more experience with the program or an appointment by the Sheriff's Office. The dive team is an exception to this rule.
- In order to maintain membership with Okanogan County Search and Rescue, every member is required to attend a re-qualification annually. Failure to attend one of the two qualification courses offered annually will mean removal for the SAR roster.

Dated: 2/2010

OKANOGAN COUNTY
DEPARTMENT OF EMERGENCY MANAGEMENT

EMERGENCY WORKER REGISTRATION PROCEDURES

1. AUTHORITY:

"Local jurisdictions have the responsibility to establish criteria and standards for emergency workers whom they register. This may include the demonstrated proficiency of the worker to perform emergency activities by assignment and personnel class." (WAC 118-04-130)

2. PROCEDURES

a. Complete the Emergency Worker Registration packet:
   (1) Review and sign this sheet
   (2) Review and sign the Personal Responsibility of Emergency Workers form
   (3) Complete the Emergency Worker Registration Card (EWRC), EMD-024

   The information provided on the EWRC will be used by the Okanogan County Sheriff's Department to conduct a Criminal History and Driving Record background check. Results from the background investigation will be used to determine the suitability for issue of a Washington State Emergency Worker Registration Card. (WAC 118-04-180).

   Upon satisfactory results of the background check, the issued card will be valid for 3 years. At the end of 3 years, a new application must be made in order to receive an up-dated card.

b. Failure to truthfully respond to the statements set forth in the certificate in paragraph 3 below may result in denial of a Washington State Emergency Worker Identification card. (WAC 118-04-080)

c. If a volunteer card expires and is not renewed within ninety days, the volunteer may be dropped from the rolls. Volunteers with an expired card will not be afforded protection and reimbursement as described under RCW 38.52 and WAC 118-040-080.

e. Temporary registration of volunteers may be accomplished for short durations if they have filled out a temporary registration card which includes name, date of birth and address. (WAC 118-04-080) Registrants will not be issued an identification card, but will be afforded the same protection under RCW 38.52 and WAC 118-04 as a fully registered volunteer.

3. CERTIFICATE

I (please print your name) _____ certify that:

☐ I am in adequate physical condition to carry out the emergency worker 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 Registration Card (EMD-024), which might render me unfit to carry out my emergency assignment. (WAC 118-04-120)

☐ I am not addicted to the use of intoxicating liquors, narcotics, or use of any controlled substances. I will not use any liquors, narcotics or controlled substance nor will I have in my possession any concealed weapon while engaged in emergency worker activities unless authorized by Law Enforcement SAR Incident Commander.

☐ I have not been convicted of a felony.

☐ I have not been convicted of a misdemeanor involving moral turpitude.

☐ I understand that the final determination for issuance of Washington State Emergency Worker Identification card will be at the discretion of the Director of Emergency Management or designee and/or the Okanogan County Sheriff's Department or designee. I also understand that the Director of Emergency Management or designee or the Sheriff's Department or designee may withdraw or suspend my Emergency Worker Identification Card. (WAC 118-04-080)

☐ I understand that I will have to successfully complete the IS-100 and IS-700 NIMS courses. I will also provide a copy of my FEMA IS-100 and IS-700 NIMS certificates (or FEMA Student Transcript) to Okanogan County Department of Emergency Management. No Washington State Emergency Worker Identification Card will be issued until I complete this process.

☐ Specify the group you are affiliated with (circle organization(s) you are affiliated with). (To be an Emergency Worker, you need to have a group affiliation – SAR, CERT, ARES/RACES, and other _____).

☐ I will provide EM with a copy of my First Aid Card.
-OR-
☐ I have not completed First Aid training; please advise me when the class is being offered locally.

☐ I hereby give permission for the Okanogan County Department of Emergency Management and/or the Okanogan County Sheriff's Department to conduct a criminal history background check and also obtain an abstract of my driving record.

Signed: _____ Date: _____
(Applicant)

Signed: _____ Date: _____
(Parent or guardian of applicant if under 18 years old)

FOR SHERIFF'S OFFICE USE ONLY

☐ **Background check approved**. Signature: _____ Date: _____
(Sheriff's Office)

☐ **EM Worker approved**. Signature: _____ Date: _____
(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 recordkeeping and reporting.

Statutory Authority: Chapter 38.52 RCW. 01-02-053, § 118-04-200, filed 12/28/00, effective 1/28/01; 93-23-005 (Order 93-08), § 118-04-200, filed 11/4/93, effective 12/5/93.]

I have read the above WAC 118-04-200 – Personal Responsibilities of Emergency Worker

(Signature) **(Date)**

EMERGENCY WORKER REGISTRATION

Name (Last)	(First))				(M)
Address					Date of Birth
Address 2					SSN
City		ST	Zip		Driver's LIC #
Work Phone	Height	Weight	Sex	Disabilities (If any)	
Cell Phone	Carrier (ATT, Verizon, etc)		Texts (y/n)		
Home Phone	e-mail				
In Case of Emergency, Please Notify	I certify that the above information is true and correct, and I authorize a background check for the purposes of Emergency Worker Status with the Okanogan County Sheriff's Office				
Name					
Address					
Phone	Signature				Date

EMD-024 (7/06) (FRONT)

EMERGENCY WORKER TRAINING RECORD

COURSE	HOURS	DATE COMPLETED

ADDITIONAL INFORMATION - REMARKS:

EMD-024 (7/06) (BACK)