Welcome and Thank You for Taking the Time to Get Prepared!

The mission of Mercer Island Emergency Preparedness is to be self-sufficient for 7 days.

When an earthquake strikes and the I-90 bridges are impassable do you have a plan for your family? Do you have a preparedness kit at home, in your car and at work? If not, Mercer Island’s Emergency Preparedness website will get you started: www.mercergov.org/emergencyprep

City staff and resources may be quickly overwhelmed after a disaster. The City has established a corps of trained Volunteers to aid in our own disaster response until outside help can arrive. Our Community Emergency Response Training (C.E.R.T.) provides extensive information that will also assist a resident at home.

WANT TO GET INVOLVED?

We urge you to consider signing up as a volunteer. Training includes the CERT course and background check. We have 13 different teams performing essential and lifesaving activities during the initial Response. Volunteers can assist on as many teams as you’d like. Some include: Disaster Medical, Damage Assessment, Search & Rescue, Administrative Services; Sheltering, Child Care, Ham Radio Operators, Mental Health, Transportation, and operating our Emergency Well.

The Emergency Volunteer Application and Dataquest background check form are available on the above website as well as attached to this letter. Your volunteer badge will also require a photo. You can email or mail your photo to me or have one taken at City Hall.

We believe Mercer Island is one of the best prepared communities in the Northwest. All our success is due to residents’ willingness to give their time and talent to help and serve each other.

Again, thank you for your interest in personal and family preparedness, and participating as a trained volunteer. Please feel free to contact me with any questions.

Jennifer Franklin

Officer Jennifer Franklin
Emergency Manager / Crime Prevention Officer
Mercer Island Police Department
9611 SE 36th Street
Mercer Island, WA 98040
jennifer.franklin@mercergov.org
206-940-2962 Cell
206-275-7905 Desk
206-275-7941 Fax
www.mercergov.org/emergencyprep
www.facebook.com/mercerislandemergencypreparedness
twitter.com/mi_emergprep
**EMERGENCY WORKER (VOLUNTEER) APPLICATION**

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**Driver’s License #**

**Emergency Contact Information**

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

- Administration
- Animal Shelter Care
- ARC Certified
- Child Care (*background check required*)
- Communications (*HAM call sign *__*__*)
- Damage Assessment (*ATC 20 Training required*)
- Faith Community (*warming centers*)
- Medical (*license required / # *__*__*)
- Mental Health (*license required*)
- Resource Acquisition
- Search & Rescue
- Senior Care (*background check required*)
- Shelter
- Transportation (*CDL # *__*__*)
- Utility/water distribution/debris clearing
- 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:**

<table>
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<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
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 Reminder! Photo copy of badge on back

Rev: 2/18/2014
**AUTHORIZATION FORM**

Applicant Name: ____________________________  Last   First   Middle

List additional AKA names used in the last 7 years: ____________________________________________

Date of Birth: ____________   Social Security #: __________________

(Used for identification purposes only and not as hiring criteria)   State Issued: ____________   Expires: ____________

DL#: __________________   State Issued: ____________   Expires: ____________

Disclosure Regarding Background Investigation: Pursuant to the Federal Fair Credit Reporting Act and its applicable state counterparts, this is to inform you that a background investigation or investigative consumer report involving the statements made on your application for employment and/or attachments, as well as your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation by the above-referenced company and on and at any time during your employment. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records, verification of your employment history, or other background checks. You have the right to dispute the information reported. You have the right upon written request after a reasonable time after receipt of this notice to request disclosure of the nature and scope of any investigative consumer report, as well as a written summary of your rights and remedies under the law. Inquiries should be directed to DataQuest, P.O. Box 1308, Snohomish, WA 98291, or by calling 1-888-443-0135. 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.

Applicant Authorization. I certify that to the best of my knowledge all statements made on my application and/or attachments are true and correct. I authorize DataQuest to obtain all reports, records, verifications or other information necessary to complete the background investigation and to furnish the information to my employer/potential employer. I understand that providing fraudulent or misleading information may be grounds for denial of employment by my potential employer or discharge by my employer. I hereby authorize the employer/potential employer named above to obtain consumer reports and/or investigative consumer reports at any time after receipt of my signed authorization on this Authorization Form and throughout my employment, if applicable. I agree that a facsimile or copy of my authorization on this Authorization Form 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 my employer/potential employer, 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 my employer/potential employer. 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 my employer/potential employer, 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 my employer/potential employer, and that no other medical information about me will be disclosed.

California Applicants or Employees Only: By signing below, you also 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 employer/potential employer whenever you have the right to receive such a copy under California Law.

New York Applicants or Employees Only: By signing below, you also 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 your employer/potential employer by contacting DataQuest directly at P.O. Box 1308 Snohomish, WA 98291, 1-888-443-0135.

Maine Applications or Employees Only: You have the right to request and promptly receive a copy of any investigative consumer report obtained by your employer/potential employer. 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 your employer/potential employer.

Applicant Signature: ____________________________  Date: __________________

**Please only list addresses used during the past 7 years**

Current Address: ____________________________ City __________________ State ____________ Zip ____________

Previous Address: ____________________________ City __________________ State ____________ Zip ____________

Previous Address: ____________________________ City __________________ State ____________ Zip ____________

**Company:** CITY OF MERCER ISLAND EMERGENCY MGMT  
**Client ID:** CIMEREMER  
**Phone:** 206-275-7905  
**Web:** www.dataquestllc.com

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Rev. 7/26/12