

Emergency Worker Registration Instructions:

- 1) Complete attached EMD-024 Form
- 2) Sign name in box below
- 3) Specify group affiliated with
- 4) Attach drivers license style photo, either print or digital
- 5) Return to:

Emergency Worker Coordinator
Chelan County Emergency Management
P.O. Box 36
Wenatchee, WA 98807

- 5) Final card will be returned by mail to applicant

Applicant Signature

Affiliated Group

MICHAEL T. HARUM, SHERIFF
CHELAN COUNTY

STATE OF WASHINGTON
401 WASHINGTON STREET, FIRST LEVEL
WENATCHEE, WASHINGTON 98801
TELEPHONE (509) 667-6851 FAX (509) 667-6860

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To: _____

I respectfully request and authorize you to furnish any law enforcement agency any and all information that you may have concerning me, my employment record, school record, military history, criminal record, and general reputation. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature, and photocopies of the same if requested. This information will be used for the purpose of determining my eligibility for a volunteer position in the Chelan County Sheriff's Volunteer Services.

This waiver and authorization shall supersede any prior waiver, authorization, release or direction that I may have given you to the contrary concerning my records.

I understand my rights under Title 5, U.S.C., Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by a law enforcement agency in conjunction with the volunteer process.

I hereby release you, your organization or others from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications as a volunteer within the Chelan County Sheriff's Volunteer Services.

Print Applicant's Full Name	Birth Date	Social Security Number
Applicant's Signature	Address	
	City	State Zip Code

If you are under 18 years of age, please have your parent or guardian sign below.

By signing for my son or daughter, I understand he/she will be required to commit time to this program in Chelan County. I also understand a background check will be completed by the Chelan County Sheriff's Office.

Signed: _____ Date: _____

Parent or Guardian of: _____

Subscribed and sworn to before me on the _____ day of _____

NOTARY PUBLIC for the State of Washington
Residing in _____ My Commission expires _____

A photocopy of this request shall be for all intents and purposes as valid as the original. You may keep this copy for your file.