



# EMERGENCY WORKER SUPPLEMENTAL DATA



Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_ Eye color: \_\_\_\_\_

Social Security # or Driver's License #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Leader: \_\_\_\_\_  
(ex: ARES, Engineers)\_

Are you registered as an emergency worker elsewhere? Yes  No

If so, with whom? \_\_\_\_\_

Have you ever been convicted of a felony: Yes  No

*I declare that the above information is true and accurate. I grant permission to the City of Kirkland Emergency Management to conduct a criminal history background check using the above information. I have been provided and have read the attached statement of procedures. I understand that my participation in this program is contingent upon the accuracy of the above information and my following all laws and all policies and procedures established by Kirkland or its agents with regard to the emergency worker program and the activities of its volunteers.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Return this form to:* Emergency Management  
Kirkland Fire Department  
123 5th Avenue  
Kirkland, WA 98033

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Card #: _____	Issued: _____	Expires: _____
Background Check Completed Date: _____	Accepted <input type="checkbox"/>	Not Accepted <input type="checkbox"/>
Authorized by: _____	Assignment: _____	