

EMERGENCY WORKER TRAINING RECORD

Jurisdiction: CLALLAM COUNTY				Volunteer Agency Registration Number:		
Name (Last):		(First):	(Middle):	Credential Badge #		
Address 1:				RETURN THIS PAGE TO CLALLAM COUNTY EMERGENCY MANAGEMENT Volunteers Picture on file with Credential Badge Scanner		
Address 2:						
City:		State:	Zip Code:			
Driver's License: YES NO	Date of Birth:	Blood Type:	Sex (M-F):			
Height:	Weight:	Color Eyes:	Color Hair:			
Physical Limitations (If any):						
Home Telephone:			Work Telephone:			
I certify that the information on this card is true and correct to my best knowledge and belief.				- In Case of Emergency - Please Notify:		
Emergency Worker Signature:			Date of Signature:			Name:
Emergency Worker Assignment (WAC-118-04-110):				Telephone Number with Area Code:		
CLALLAM COUNTY Emergency Management Authorizing Signature:			Date of Signature:	Relation to Emergency Worker:		

EMERGENCY WORKER TRAINING RECORD DATA

COURSE	HOURS	DATE COMPLETED

ADDITIONAL INFORMATION - REMARKS: