

DO NOT WRITE IN GRAYED IN AREAS

EMERGENCY WORKER REGISTRATION CARD

Jurisdiction: WALLA WALLA COUNTY EMERGENCY MANAGEMENT			Issue Date:	Registration Number:	
Name (Last):	(First):	(Middle):	Email Address:		
Address 1:			PHOTOGRAPH (NOT REQUIRED)		
Address 2:					
City:	State:	Zip Code:			
Medical/RN License Number (if applicable):	Date of Birth:	Sex (M-F):			
Height:	Weight:	Color Eyes:			Color Hair:
Physical Disabilities (If any):					
Home Telephone:	Cell Phone:	Work Telephone:			
This information may be used to conduct a background criminal investigation. 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: <small>You may type name here in lieu of handwritten signature</small>		Date of Signature:	Name:		
Emergency Worker Assignment (WAC-118-04-110):			Telephone Number with Area Code:		
Authorizing Signature:	Local Jurisdiction: Walla Walla County	Date of Signature:	Relation to Emergency Worker:		

Emd-024 (7/00) (FRONT)