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**
Address 2:			
City:	State:	Zip Code:	
Driver's License: YES NO / Date of Birth:	Blood Type:	Sex (M-F):	Jamye Wisecup 417-2525 / Penny Linterman 417-2483
Height: / Weight:	Color Eyes:	Color Hair:	***Volunteers Picture on file with Credential Badge Scanner***
Physical Limitations (If any):			
Home Telephone:	Work Telephone:		**- In Case of Emergency - Please Notify:**
I certify that the information on this card is true and correct to my best knowledge and belief.			
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:

Emd-024 (7/00) (adjusted for Clallam County EMD 2012)