

# STEELE COUNTY EMERGENCY MANAGEMENT

# **Volunteer Registration**

Last Name				
First Name				
Approved Organizations				
Organization	Leader Initial	Approval Date	Badge Print Date	Expiration Date
Approval Routing				
Routing after Leader		1	1	
Approvals	Initial	Date	Note	
1. Form Completion Check				
2. Background Check				
3. Director Final Approval				
4. Recorder (Badges)				
5. SCEM File				
Photo File Name (photo file	s should not exceed	1MR)		
(prioto file	3 Should Hot Caccca	TIVID)		
lastna	me.firstname.jpg			
Minos Homosom Notes				
Miscellaneous Notes				
Miscellaneous Notes				
Miscellaneous Notes				

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# STEELE COUNTY EMERGENCY MANAGEMENT

#### **Qualifications Record**

Date Completed		Date Completed				
FEMA NIMS		•				
	IS-100: Incident Command System					
	IS-200: ICS for Single Resource					
	IS-300: Intermediate Incident Command System					
	IS-400: Advanced ICS Command and General Staff					
	IS-700: National Incident Management S					
	IS-800: National Response Plan	yotom				
	10 000. National Response Fian					
CERT Basic Certifi	estion Class	CERT Additional M	ladulaa			
CERT Basic Certifi		LEKT Additional IV	-			
	Mod1 - Disaster Preparedness		Animal Response Module I			
	Mod2 - Fire Safety and Utility Controls		Animal Response Module II			
	Mod3 - Medical Disaster Operations		Emergency Communications			
	Mod4 - Medical Disaster Operations		Tools For Leadership Success			
	Mod5 - Light Search and Rescue Ops		Traffic and Crowd Management			
	Mod6 - CERT Organization		Flood Response			
	Mod7 - Disaster Psychology		Fire Rehab			
	Mod8 - Terrorism and CERT					
	Mod9 - Disaster Simulation					
SKYWARN						
	Spotter Class		Instructor Class			
RACES ARES						
	Amateur Radio Call Sign		Volunteer Examiner			
	License Class		Volunteer Instructor			
			•			
Steele County						
ĺ	ARMER Radio					
	Damage Assessment					
	Mass Shelter					
	Blood Bourne Pathogen					
	Disea Dearne Famegen					
1						

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## STEELE COUNTY EMERGENCY MANAGEMENT

### **Volunteer Registration**

The information requested here is required:

- 1. To provide Steele County Emergency Management the ability to contact you.
- 2. To provide Steele County Emergency Management an alternate contact in the unlikely event of an injury or illness to you.

Please print this information clearly to enhance the reliability of it being read properly.

Your Personal Contact Infor	mation				
Legal Last Name				Suffix	Sr, Jr, III
Legal First Name			Mid	dle Initial	
Common First Name		Birthdate	mm	dd	уууу
Home Address / Apt. No.					
City, State, Zip Code					
E-Mail Address					
E-Mail Address					
Phone Numbers	home	cell			
Phone Numbers	work	other			
Emergency Contact Informa	tion				
Note: You agree to the release of information to the individual(s) listed below.					
Name					
Relationship					
Street Address / Apt. No.					
City, State, Zip Code					
Phone Numbers	1st	2nd			
	T				
Name					
Relationship					
Street Address / Apt. No.					
City, State, Zip Code					
Phone Numbers	1st	2nd			
Other Personal Information					

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Signature

## STEELE COUNTY EMERGENCY MANAGEMENT

## **Hold Harmless and Permission Request**

I,volunteer pr	, hereby request permission to participate in Steele County ogram(s). I am aware that I may be involved in hazardous activities and that I could be seriously
•	n voluntarily participating in these activities with knowledge of the danger involved, and agree to and all risks of bodily injury, death or property damage, whether those risks are known or unknown.
I also under	stand that:
2 A 3 T b 4 P 5 I 7 I in V(8 I	will be under the direction of the Steele County Emergency Manager, or designee.  Is a Volunteer, I am NOT acting as an employee of Steele County.  In the County's liability medical insurance of the workers' compensation program, I must be properly logged into events.  In the properly logged into events.  In the ersonal equipment (vehicles, tools, clothing, etc.) is my sole responsibility. Repair or replacement of ersonal equipment is at my own expense.  In the extra country is and procedures, exercise reasonable care, and use common sense while extricipating in volunteer activities. I understand that if I fail to follow the organization rules and egulations or if I fail to exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the program.  In the exercise reasonable care, I can be removed from the exercise reasonable care, I can be removed from the exercise reasonable care, I can be removed from the exercise reasonable care, I can be removed from the exercise reasonable care, I can be removed from the exercise reasonable care, I can be removed from the exercise reasona
•	g this release I certify that I have read this release in its entirety, understand all of its terms and have estions regarding the release or its effect satisfactorily answered. I sign this release freely and

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Date