



King County

Office of Emergency Management

Department of Executive Services

3511 NE 2nd Street

Renton, Washington 98056

206-296-3830

SHERIFF

KING COUNTY

King County Sheriff's Office, Special Operations

Attn: SAR Coordinator

3511 NE 2nd St

Renton, WA 98056

Tel: (206) 205-8226

Email: sar.coordinator@kingcounty.gov

November 2023

To: Prospective King County Emergency Workers

From: King County Office Emergency Management and King County Sheriff's Office
Seattle King County Public Health, Department of Development and Environmental Services

Re: King County Emergency Worker Policy

Welcome to the King County Emergency Worker Program. The emergency worker program is provided for by state law and administered by local jurisdictions. Our emergency workers provide valuable services to our communities through their training, knowledge, skills and dedication. They are often placed in situations that require good judgment and high levels of responsibility. Our emergency workers are considered extensions of our staff during emergencies or disasters. Some groups will receive minimum training and others several hundred hours. We ask for full legal name, social security numbers, date of birth and driver's license numbers so we can conduct a thorough background investigation. Below are the steps to our process. We look forward to a long and mutually respectful relationship.

Process

1. Emergency Worker applicant completes the King County Emergency Worker Application (attached).
2. Applicant returns all pages of the application, to include:
 - a. Page 1 – initialed and dated (bottom right hand corner)
 - b. Page 2 – initialed and dated (bottom right hand corner)
 - c. Page 3 – filled out entirely and signed
 - d. Page 4 – vehicle insurance information - signed and dated
 - e. A photocopy of your current and valid driver's license
 - f. A copy of vehicle insurance card
 - g. A copy of any certifications or license(s), such as First Aid/CPR, EMT, or avalanche training.
3. Return application to KCSO SAR Coordinator for criminal background and driver's license check (address is at the top right hand corner of this page).
4. Pending approval by KCSO, the application information will be forwarded on to the SAR unit(s) indicated for unit approval.
5. Applicants will need to turn in certifications showing successful completion of the IS-100.b - (*ICS 100 Introduction to Incident Command System*) and IS-700.a *National Incident Management System (NIMS), An Introduction* before a DEM (Department of Emergency Management) number or ID card will be issued. These courses can be taken online at <http://training.fema.gov/IS/NIMS.asp>. Course completion certificates shall be scanned and emailed, or mailed via USPS to the KCSO SAR Coordinator.
6. Once all paperwork has been approved and the background check completed, and the unit has approved applicant's membership, the SAR Coordinator will issue an ID card with photograph of applicant. This initial ID card will be a temporary, 'Novice' level card, and will expire 12 months from the date of issue, during which time the Novice Emergency Worker will be expected to complete all WAC required training.
7. Each member will need to complete the renewal application and an updated background check at least once every three years for continual affiliation with KCSO SAR.
8. All members will read RCW 38.52 and WAC 118.04 that contain information on Emergency Worker / SAR program. (Links to laws www.wa.gov go to search for RCW and WAC)
9. All members will attend a required King County Emergency Worker Introduction training within one year of approval.

Applicant's initials: _____

Date: _____

KING COUNTY OFFICE OF EMERGENCY MANAGEMENT APPLICATION, EMERGENCY WORKER GUIDELINES

This document outlines basic responsibilities of emergency workers, managing units and King County government. It does not replace specific procedures nor is it intended to include all situations or circumstances.

PROGRAM ACCEPTANCE AND CONTINUATION

1. Criminal/Driver license background checks will be done on all candidates and on all card renewals.
2. Emergency workers may be dismissed at any time if their actions violate laws or negatively impact the integrity of the King County emergency worker/ SAR program.
3. All emergency workers used or deployed by King County government will be registered in accordance with RCW 38.52 and WAC 118-04.
4. Because emergency worker status applies from the time you begin traveling to your assignment and is complete upon your return to your normal activities, those who drive to assignments must carry vehicle insurance on all owned vehicles and provide vehicle insurance information to King County.

EMERGENCY WORKER REQUIREMENTS

1. All members must read RCW 38.52 and WAC 118.04 that contain information on Emergency Worker / SAR program before responding to any emergency as a King County Emergency Worker. (Links to laws www.wa.gov go to search for RCW and WAC)
2. All emergency workers will be associated with a recognized unit that reports to King County Office of Emergency Management (OEM), Seattle King County Public Health (SKCPH), Department of Development and Environmental Services (DDES) and/ or King County Sheriff's Office (KCSO).
3. All members will follow guidelines established in WAC 118-04, RCW 3 8.52 and the King County Office of Emergency Management and/or Sheriff's Office.
4. All members will be skilled in their discipline and will work within their capabilities.
5. All members will work under the direction of their managing King County agency.
6. All members participating in missions will be WAC certified.

UNIT REQUIREMENTS

1. A unit is defined as a managing group that provides a command structure for emergency workers. Management of the unit may be comprised of other emergency workers or in some cases King County employees. All units will utilize incident command structure and will establish team leaders when appropriate.
2. All units will establish a point of contact (3 members deep) to King County Office of Emergency Management, the Sheriff's Office, or their King County SAR unit for activation of team members.
3. All units will maintain current rosters and training records of their members. Units will ensure that only registered emergency workers with current WAC certifications and with proper skills for the event are deployed when requested by their lead King County agency.
4. Units will ensure that documentation, including rosters and log sheets, are forwarded to the King County Sheriff's Office immediately following a deployment.
5. Appropriate state forms will be used and submitted to the King County SAR Coordinator for all emergency worker claims. These forms will include detailed invoices or receipts of replacement items, witness statements, sign-in sheets, and claim forms.
6. King County SAR units will conduct or make available appropriate program training for emergency workers.

KING COUNTY RESPONSIBILITIES

1. KCSO will maintain a database of all registered emergency workers.
2. KC OEM & KCSO will file all claims to Washington State Emergency Management accordance with RCW 38.52 and WAC 118-04.
3. KCSO will ensure that background checks are conducted on all emergency workers.
4. KCSO will conduct or make available appropriate program training for emergency workers.
5. KC OEM & KCSO will obtain mission numbers from Washington State Emergency Management for authorized missions.
6. KC OEM & KCSO will coordinate the use of King County emergency workers with other jurisdictions.

For any questions, please contact the King County Search and Rescue Coordinator at email: sar.coordinator@kingcounty.gov, or phone: 206-205-8226.

Applicant's initials: _____

Date: _____

King County SAR Emergency Worker Application

APPLICATIONS MUST BE COMPLETELY FILLED OUT TO BE PROCESSED.						
LAST NAME:		FIRST NAME:		Full MIDDLE NAME:		
Address:			City:		State: Zip Code:	
Home Phone:		Cellular Phone:		Work Phone: Pager:		
Email:						
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal		Driver License: <i>State:</i> <i>Number:</i>			Date of Birth: <i>(MM/DD/YYYY)</i>	
Gender:	Race:	Height:	Weight:	Hair:	Eyes:	
SAR Unit you are interested in joining:			Amateur Radio Call Sign (if applicable):			
Have you been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>						
I declare that this information is true and accurate. I grant King County Sheriff's Office permission to conduct a criminal history background check using the above information. 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 King County or its agents with regard to the emergency worker program and the activities of its volunteers.						
Signed: _____ Date _____						

If you have any specialized training (EMT, ICS, etc.), please include a copy of your certification or license.

King County Sheriff's Office use only:					
Application Received:	Background submitted	Background complete:	Unit Notified (date):	Novice issue date:	ID card sent to:



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King County Emergency Worker Vehicle Certification

As a King County Emergency Worker volunteer, or parent of an emergency worker volunteer, I may have occasion to drive my personal motor vehicle during the course of missions. I understand that the King County Office of Emergency Management needs to be confident that any motor vehicles used to get to or from missions are in good working condition, and in compliance with all Washington State laws regarding motor vehicles.

Note to motorcyclists: Although Washington state law does not require motorcyclists to have vehicle insurance, all King County Search and Rescue volunteers will be required to maintain current vehicle insurance.

I hereby certify that any motor vehicle that I drive in the course of performing, or assisting others in performing, Office of Emergency Management missions will be in good working condition and will comply with all Washington State laws regarding motor vehicles.

Vehicle Insurance Company: _____

Policy #: _____

Expiration Date: _____

Emergency Worker's Signature

Parent's Signature
(If Emergency Worker is not self insured)

Date Signed

Date Signed

King County Emergency Animal Application

Emergency Worker (Owner) Full Name: <i>(Last, First, Middle)</i>			Emergency Worker (Owner) DEM #:
Animal Name:		SAR UNIT: <i>(KC SAR DOGS or NW HORSE SAR)</i>	
Address:			
Home Phone:	Cellular Phone:	Work Phone:	Pager:
Gender:	Breed:	Height:	Weight:
ID Number:	Color and Markings:		
Type of Training:			
<p>I declare that my animal is in good health and is current on health and shot records.</p> <p>I further declare that this information is true and accurate. 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 King County or its agents with regard to the emergency worker program and the activities of its volunteers.</p>			
Signed: _____ Date: _____			

King County Sheriff's Office use only:		
Application Received :	ID Card issue date:	ID card sent to: