

STEELE COUNTY EMERGENCY MANAGEMENT

Volunteer Registration

Last Name	
First Name	

Approved Organizations

Organization	Leader Initial	Approval Date	Badge Print Date	Expiration Date

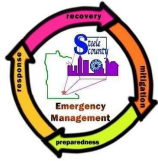
Approval Routing

Routing after Leader 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 files should not exceed 1MB)

lastname.firstname.jpg

Miscellaneous Notes



STEELE COUNTY EMERGENCY MANAGEMENT

Qualifications Record

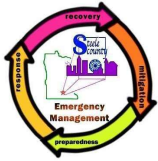
Date Completed	Date Completed
FEMA NIMS	
	IS-100: Incident Command System
	IS-200: ICS for Single Resource
	IS-300: Intermediate Incident Command System
	IS-400: Advanced ICS Command and General Staff
	IS-700: National Incident Management System
	IS-800: National Response Plan

CERT Basic Certification Class		CERT Additional Modules	
	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	
	ARMER Radio
	Damage Assessment
	Mass Shelter
	Blood Bourne Pathogen



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 Information

Legal Last Name		Suffix	Sr, Jr, III	
Legal First Name				
Legal Middle Name	Birthdate			
Common First Name		mm	dd	yyyy
Home Address / Apt. No.				
City, State, Zip Code				
E-Mail Address				
E-Mail Address				
Phone Numbers	home	cell		
Phone Numbers	work	other		

Emergency Contact Information

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		
Name				
Relationship				
Street Address / Apt. No.				
City, State, Zip Code				
Phone Numbers	1st	2nd		

Other Personal Information



STEELE COUNTY EMERGENCY MANAGEMENT

Hold Harmless and Permission Request

I, _____, hereby request permission to participate in Steele County volunteer program(s). I am aware that I may be involved in hazardous activities and that I could be seriously injured. I am voluntarily participating in these activities with knowledge of the danger involved. I agree to assume any and all risks of bodily injury, death or property damage, whether those risks are known or unknown.

I also understand that:

- 1 I will be under the direction of the Steele County Emergency Manager, or designee.
- 2 As a Volunteer, I am NOT acting as an employee of Steele County. I will properly represent Steele County in my activities and interactions with the public.
- 3 To be eligible for the County's liability and medical insurance of the workers' compensation program, I must be:
 - a. Properly registered as a volunteer (every three years).
 - b. Current in required training for the volunteer group.
 - c. Activated and logged into the event.
- 4 I am solely responsible for my personal well-being and safety. I will not perform any activities that I am uncomfortable performing, or without proper training.
- 5 If I observe any unusual or significant hazard, I will remove myself from participation and bring such hazard or risk to the attention of Steele County Emergency Management.
- 6 In the event I am injured, I will seek proper medical care and promptly report the accident/injury to Steele County Emergency Management.
- 7 Personal equipment (vehicles, tools, clothing, etc.) is my sole responsibility. Repair or replacement of personal equipment is at my own expense.
- 8 If the event requires driving, I will:
 - a. Have a valid driver license.
 - b. My vehicle will be properly maintained and insured.
 - c. Not be under the influence of drugs or alcohol.
 - d. Obey all traffic laws.
- 9 I grant Steele County Emergency Management all right, title and interest in any and all photographic images and video or audio recordings made by Steele County Emergency Management during my volunteer activities.
- 10 I will follow established rules and procedures, exercise reasonable care, and use common sense while participating in volunteer activities. I understand that if I fail to follow the organization rules and regulations or if I fail to exercise reasonable care, I can be removed from the program.
- 11 I agree to submit to a criminal background check. I may be denied acceptance in the volunteer program based on the results of the background check.

By executing this release I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this release freely and voluntarily.

Signature _____

Date _____



**STEELE COUNTY KEY CARD
AUTHORIZATION – TENANT**

First Name: _____ Last Name: _____

First Name as Displayed on the Front of the Card: _____

Date: _____ Employer: _____

Position Title: _____

Type of Card:

- New
- Replacement
Reason for Replacement:
- Lost/Stolen/Damaged
- Department Change
- Job Title Change
- Name Change
- Wear and Tear

Facility (check all that apply):

- Administration Center
- Annex
- Courthouse
- County Attorney Building
- Detention Center
- Four Seasons Centre
- Law Enforcement Center
- Landfill
- Public Works Building
- Community Corrections

State Discipline Code: _____

AQUA: Volunteer _____

Authorized Access: ID Only _____

I have read the Steele County Personnel Rules and Polices Photo ID Badges Policy and agree to abide by the stipulations therein. I agree to notify Steele County if my ID is lost, stolen or broken.

I am aware that replacement of a lost, stolen or damaged ID is subject to a fee of \$10. Any replacement due to wear and tear, job title change, department change or name change will not be assessed a fee.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resources Designee: _____ Date: _____

Chapter 24: PHOTO ID BADGES

Identification Card Policy:

Steele County recognizes the need for security in work areas and the identification of personnel; therefore, we have adopted an identification card policy. The purpose of having employees wear this type of identification is to more easily monitor who is in County buildings and have identification in allowing entrance to buildings in a possible emergency situation. We also want to improve our public relations aspect by being more recognizable as a County employee whether in the building or in the community.

Templates have been established in the computer program to provide for our input of data such as First Name, and Title or Department. The reverse side will show full name and a bar code which will have employees name and address.

Use of Cards by Employees:

Cards will be used as identification as an employee of Steele County while in its employ. When an employee leaves employment with Steele County, they will turn their card in to the Information Office at the Administration Center or their supervisor who will then turn the card in to the Information Office. Use of the card to identify you as an employee when no longer employed will constitute fraud and will be brought to the County Attorney's Office for possible prosecution. Employees who use the card for other than intended use under this policy will be subject to disciplinary action. Employees must wear the Identification cards during their work schedule. Exception may be made by the Department Head when wearing the identification card will be deemed as hazardous or inappropriate.

Back of Identification Card:

If found contact Pearl St. 911 - 507-451-8232.

Card Maintenance:

A \$2 fee will be charged for lost or damaged cards that need to be replaced. Cards will be updated if there is a change of name and/or job title.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by _____ (“Employer”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1120 S Rackham Way. Suite 300, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com and/or Employer.** I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

PLEASE COMPLETE ALL FIELDS BELOW

Last Name		First Name	Middle Name <small>check box if no middle name</small> <input type="checkbox"/>
Social Security Number* ###-##-####		Date of Birth* month/date/year	Email Address <small>required</small>
Driver's License Number	Issuing State*	Former Names/Aliases <small>separate aliases with comma</small>	

CURRENT ADDRESS

Street		Apt/Unit
City	State	Zip

FORMER EMPLOYER

Company	City, State
Position	Dates of Employment

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Applicant Signature

Date

Minnesota Notice to Residents

You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report Steele County Emergency Management ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by Steele County Emergency Management, whichever date is later.

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Signature

Print Name

Date

Disclosure Regarding Background Investigation

Steele County Emergency Management, the "Company," may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history (including income), or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Verified First, Phone: 888-670-9564, Fax: 208-266-2310, Mailing Address:, 1120 S Rackham Way, Suite 300, Meridian, ID 83642. To the extent permitted by law, the Company may obtain consumer reports from any outside organization throughout the course of your employment.

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document.

Signature

Print Name

Date

Acknowledgment and Authorization For Background Check

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Verified First, Phone: 844-709-2708 / 844-709-2708, Fax: 208-848-3204, 1120 S Rackham Way, Suite 300, Meridian, ID 83642, <https://www.verifiedfirst.com> and/or Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that by checking the "I AGREE" box, typing my name and the last four digits of my Social Security Number or User ID, and clicking on the "SIGN ACKNOWLEDGMENT" button below, constitutes my electronic signature, dated as of when I click on the "SIGN ACKNOWLEDGMENT" button, and that by doing so:

- I am authorizing Verified First to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling Verified First at Phone: 844-709-2708 / 844-709-2708, Fax: 208-848-3204

I agree.

Signature

Print Name

Date