

Western Washington Medical Services Comunications Application for Membership

Western Washington Medical Services Communications Team provides communications support to the health care facilities in much of western Washington. Members of the various regional or county Medical Services teams must be registered in their local jurisdiction as State Emergnecy Workers, under WAC 118.04. Local jurisdictions impose their own requirements on volunteer emergency workers. Due to the sensitive and secure nature of all health-care facilities and health information, many jurisdictions require applicants to undergo a basic criminal records check. There are also a certain number of required training elements related to working in a healthcare environment.

Please complete the	e following information	tion:					
Check one: New Ap	plication	Renewal A	Application	c	urrent DEM b	oadge #	
If you have a currer	nt IRIS ID badge, pl	ease list the	badge number:				
Name: last		first		МІ	Date:		
Amateur Radio Call	Sign	Оссир	ation/Employer				
Residence Address	:		City		State	ZIP	
Mailing Address: (if	different)		City_		State	ZIP	
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Person to Notify in case of emergency				Relationship			
Home Phone	ome Phone Work Phone			Cell			
I certify that all the in							
data. (signature)	ignature)			Date			
please complete the Jon Hamilton, AD7A Membership Chairn W. Washington ARE	W nan	nd mail or de	eliver to:				

Jon Hamilton, AD7AW Membership Chairman W. Washington ARES District M 23613 135 Ave E Graham, Wa. 98338 360-893-6025

ad7aw@centurytel.net