



Washington State  
Department of Transportation  
Aviation Emergency Services

## **EMERGENCY AIR OPERATIONS VOLUNTEER APPLICATION PACKET**

### **INSTRUCTIONS**

1. Read carefully through the **Volunteer Screening Information, Personal Responsibilities of Emergency Workers and Participating in Training and Operational Missions** before completing this Application.
2. Please complete the Application section of this packet. Answer all questions thoroughly and provide the requested information to the best of your ability. If the question is not applicable to you, enter "NA" or strike a line through the box.
3. Please mail completed application to:

**WSDOT**  
**Aviation Emergency Services Program**  
**PO Box 47358**  
**Olympia WA 98504-7358**

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### **VOLUNTEER SCREENING INFORMATION**

1. All volunteer emergency workers participating in emergency air operations must be registered by the WSDOT under WAC 468-200.
2. The WSDOT makes the final determination as to who will participate in the Emergency Air Operations program.
3. Information provided in your registration will be used to conduct criminal history, flying record, driving record, and background checks. Failure to truthfully respond to statements set forth on the registration form may result in the denial or revocation of registration.
4. Volunteer workers will complete training administered or approved by WSDOT prior to participation in any WSDOT sponsored emergency air operations. Training will include a mandatory WSDOT - Aviation Emergency Worker Orientation Course.
5. WSDOT – Aviation Emergency Services worker cards will be issued when a volunteer member have been accepted in to the program and have met all basic WAC requirements.
6. WSDOT - ES Worker cards are valid for 24 months and expire on the last day of the quarter the card was issued in. The Aviation Emergency Services program manager can revoke cards at any time. Cards are the property of WSDOT and will be returned when requested.

## Personal Responsibilities of Emergency Workers

(1) Emergency workers shall be responsible to certify to the authorized officials registering them and using their services that they are aware of and will comply with all applicable responsibilities and requirements set forth in these rules.

(a) Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.

(b) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.

(c) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.

(d) Emergency workers participating in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission. All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.

(e) Use of private vehicles by emergency workers in any mission, training event, or other authorized activity without liability insurance required by [chapter 46.29 RCW](#) is prohibited.

(f) Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicles operator course or the emergency vehicle accident prevention course and are duly authorized under state law to use special driving skills and equipment and who do so at the direction of an authorized official.

(2) Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services.

3) When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.

(4) Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required record keeping and reporting.

## **Participation in Training and Operational Missions**

**The conduct of aerial search and rescue and airborne disaster relief operations is a difficult and demanding task. In order to facilitate effective and efficient operations it is necessary that the Incident Commander has the full support and cooperation of all individuals participating. To that end the Incident Commander shall have the sole authority to determine whether or not an individual may participate in a mission. The Incident Commander may remove an individual or otherwise exclude an individual for any of the following reasons:**

- (1) Individual does not meet the established criteria, training, or knowledge requirements of this regulation.**
- (2) Individual is not mentally or physically fit to perform assigned duties.**
- (3) Individual refuses to comply with instructions from appointed ICS authorities.**
- (4) Individual is disruptive to the order of the mission.**
- (5) Individual is not checked in on the mission and is a non-participant.**



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**VOLUNTEER APPLICATION FORM**

*Complete all requested information including references and signatures*

Date:		Primary Volunteer Unit::			
Last Name:		First:		Full Middle:	
Other Names You Have Used:					
Street Address:					
City:		State:		Zip:	
Mailing Address:			E-Mail Address:		
City:		State:		Zip:	
Driver's License #:		State:			
Home Phone:		Work Phone:		Cell Phone:	
Date of Birth: <i>mm/dd/yyyy</i>		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Hair Color	Eye Color
				Weight	Race
Pilots Certificate Number:					
<b>Background Information</b>					
Do you have any driving restrictions? (If yes, please explain)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special driving endorsements?: (If yes, please list)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for or convicted of a misdemeanor? (If yes please explain)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for or convicted of a felony? (If yes, please explain)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in an aircraft incident or accident? (If yes please explain)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had your pilots license or medical certificate suspended or revoked for any reason? (If yes, please explain)					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

## ***Training and Experience***

Explain any search and rescue related training or experience. Please provide documentation, if available:

List any other specialized training or experience. Include any experience in the medical field, military, forest service, emergency services, climbing, extended hiking, etc.

List any equipment (aircraft, snowmobile, etc.) or talent (computer programmer, electrician, radio tech, mechanic, etc.) or other skills you have and are willing to assist the WSDOT - Aviation Emergency Services program with:

Why do you want to be a WSDOT - Aviation Emergency Services volunteer?

Describe your availability to assist the WSDOT at irregular hours and for extended periods of time:

## ***Personal References***

Please provide information for two references

**A.** Name

Phone Number

Address

City

State

Zip

Relationship

**B.** Name

Phone Number

Address

City

State

Zip

Relationship

I understand by signing this application, I am giving authorization to the WSDOT to make inquiries into my background, criminal history, pilot and driving records. I hereby certify that the statements made in this Application are true, complete, and correct to the best of my knowledge. Further, I do hereby release you, your organization, your agents, and others from any liability or damage, which may result from furnishing information to WSDOT pursuant to this waiver and authorization to release information.

I also acknowledge that I have read the attached "Personal Responsibilities of Emergency Workers" and "Participation in Training and Operational Missions" and agree to comply with these directives.

*WSDOT – reserves the right to deny any application.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is under 18 years of age, a parent or legal guardian must sign below.**

By signing for \_\_\_\_\_, a minor child, I agree to the above conditions on her/his behalf and understand that he/she will be required to commit time to this program under his/her primary organization. I also understand a background check will be completed by the WSDOT.

*WSDOT – reserves the right to deny any application.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent or Guardian of: \_\_\_\_\_

Return this application to the WSDOT – Aviation Division at:

**WSDOT  
Aviation Emergency Services Program  
PO Box 47358  
Olympia WA 98504-7358**

***For Official Use Only***

Date Received:

Spillman Information:

Employee #:

NCIC III/WASIC:

Date Completed: