



HAM Radio Operator Staff Registration & Release Form

Please Print Legibly!!

Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____

State _____ Zip Code _____ Email _____

Day Phone _____ Eve Phone _____ Date of Birth _____

CERT trained? Yes No Training or Affiliate Agency _____

Licensed Ham operator? Yes No Equipped? Yes No Call Sign _____

Shirt Size: Small Medium Large X-Large XX-Large _____

Food Restrictions? Yes No List: _____

Referred by (if applicable) _____

By signing below, I consent to a background check, and understand that the results may preclude my participation. I agree to abide by the decision. I further understand that this event will involve active physical participation, which includes but is not limited to risk of personal injury and/or personal property damage or loss. By my signature and registration, I agree to hold the NW Citizen Corps EXPO 2009 sponsoring agencies, their agents, volunteers, instructors, and personnel harmless from any and all claims, actions, suits and/or injury that I may suffer and which may arise as a result of my participation in the above mentioned event. I agree to follow the rules established by the sponsoring agencies and to exercise reasonable care while participating in the NW Citizen Corps EXPO 2009. I understand that if I fail to follow the rules, regulations, or instructions or fail to exercise reasonable care, I can be administratively removed from the event.

I further understand that this is a public event and that photographs and video may be taken that could be viewed on public publications and sites.

Event-specific Temporary Emergency Worker Card completed, signed and enclosed

Signature _____ Date _____

In Case of Emergency Please Contact:

Name _____ Phone # _____

CELL Phone _____ Pager # _____

We welcome volunteers as victims and staff at this event. Please include contact information of volunteer recommendations (**minimum age 16**). Registration is required. We will contact them for pre-registration.

Name _____ Victim Staff

Phone number _____ Email address _____

Mail completed form and emergency worker card to:

Kandice Harkins
Seattle Children's
PO BOX 5371
Mail Stop M3-1
Seattle, WA 98105

-OR- Scan and Email to
Kandice.Harkins@seattlechildrens.org

-OR- Fax both to (206) 987-2191
Call (206) 446-9958 for Confirmation

Expo 2009 Staff Emergency Worker Registration Card
King County Office of Emergency Management

Print Name (First, MI, Last):

Print Street Address, City State, ZIP:

Print Phone Number, Including Area Code:

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Birthdate (MM/DD/YY):

 / /

Emergency Contact Name,
Phone (& Area Code),
Relationship:

Signature:

Mission Number:

09-T-263

Assignment Date and Time:

August 21 - 22, 2009

0800 -1700

Assignment

NW Citizen Corps Expo

Description:

North Bend Fire Training Academy

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