



The Skagit County Sheriff's Office Volunteer Search and Rescue (SAR) Program provides the county with the presence of highly trained and skilled members to assist in the location and rescue of missing and lost individuals who may be injured or in dangerous conditions and are unable to rescue themselves. Rescues and searches occur from the salt water of Puget Sound to the backcountry of the North Cascade Mountain Range.

Established in 1956, it has become an integral and irreplaceable part of the community for the past 52 years.

The Skagit County Search and Rescue Program is directed under the Skagit County Sheriff's Office.

**SAR Sergeants**

Sgt. Greg Adams – SAR Coordinator  
Sgt. Brian Morgan – SAR Marine Coordinator

**SAR Deputies**

Deputy Kyle Wiggins  
Deputy Eric Moore  
Deputy Ken Devero  
Deputy Terry Esskew  
Deputy Paul Wolfe  
Deputy Jess Brannon  
Deputy Bryan Clark

Our dedicated and highly skilled volunteers that respond to the call for service include:

**Land**

Skagit County Ground Search and Rescue (to include CareTrak) (SCGSAR)  
Skagit County K9 Search and Rescue (SCK9SAR)  
Skagit Mountain Rescue Unit (SMRU)

**Marine**

East County Water Rescue (ECWR)  
Skagit Bay Search and Rescue (SBSAR)  
Skagit Technical Water Rescue (STWR)

**Mechanized**

4 Rivers Search and Rescue  
ORV Search and Rescue

**Support**

Radio Amateur Civil Emergency Services (RACES)

Each group has representative(s) that are members of the Skagit Search and Rescue Council. Established in 1999, the council is a community oriented and volunteer based non-profit organization that seeks to preserve life and health through training, search and rescue techniques and proactive education. Skagit County Search and Rescue Groups can also request funds through the council for training personnel or purchasing needed equipment. The Skagit Search and Rescue Council relies 100% on donations made by the general public and is a registered 501(c)3 organization.

If you are interested in joining one or more of our dedicated and skilled groups above, please fill out the attached Skagit County Sheriff's Office Search and Rescue Program Application. If you have further questions about the program or application process, please contact:

Tina Bobbitt, SAR Volunteer Coordinator @ [tinab@co.skagit.wa.us](mailto:tinab@co.skagit.wa.us) or phone: 360-416-1853.



# SKAGIT COUNTY

## VOLUNTEER SEARCH AND RESCUE

### Search and Rescue Application Process

Please complete all sections of the Skagit County Sheriff's Office Volunteer Search and Rescue Application packet to include the Skagit County Department of Emergency Management - Emergency Worker Registration Card and Requirements (see below).

Return to Tina Bobbitt, SAR Volunteer Coordinator.  
By Email: [tinab@co.skagit.wa.us](mailto:tinab@co.skagit.wa.us)

Mail or Deliver to:  
Skagit County Department of Emergency Management  
2911 E College Way, Ste. B, Mount Vernon, WA 98273

Or give to a Search and Rescue Group Leader

The Skagit County Sheriff's Office Sergeant(s) and Group Leaders will complete a preliminary review of your application.

After your application has passed the preliminary review, you will be notified to provide your fingerprints for a background check by contacting the Skagit County Sheriff's Office to arrange a time during business hours:

Phone: (360) 416-1911  
Address: 600 s 3<sup>rd</sup> St, Mount Vernon, WA 98273  
Hours: Monday – Friday 8:30a-4:40pm.

After all background checks and reviews are completed, the Skagit County Sheriff's Office Sergeant(s) and/or the Search and Rescue Group Leader(s) will notify you of your application status.

### DEM Emergency Worker Registration Card and Requirements

The Washington State Emergency Worker Program (WAC 118-04) states that registration with the local emergency management agency is a prerequisite of emergency workers for benefits and legal protection under chapter 38.52 RCW. Emergency workers shall register in their jurisdiction of residence or in the jurisdiction where their volunteer organization is headquartered.

The minimum Requirements for issuing a Skagit County Department of Emergency Management Emergency Worker Card:

Complete and sign the attached Emergency Worker Registration Card and the Personal Responsibilities of Emergency Workers form.

Enclose a copy of the completion certificates for ICS-100 and ICS-700 (See attached FEMA Course Requirements information sheet).

Background Check (Done by Skagit County Sheriff's Office for SAR-affiliated volunteers).

Digital Photo (SAR Volunteer Coordinator will arranged to take photo of new member after application approval).

## Applicant Information

**Last** **First** **Middle**

**Home Phone** **Work Phone** **Cell Phone** **Cell Provider**

**Email**

**Emergency Worker Card: Number:** \_\_\_\_\_ **County:** \_\_\_\_\_ **I do not have one**

**Street Address** **Apartment/Unit #**

**City** **State** **ZIP Code**

**Mailing Address (if different than street address)**

**Date of Birth** **Place of Birth**

**Height (e.g. 5'10")** **Weight (lbs)** **Hair Color** **Eye Color** **Gender**

Yes  No

**Do you have reliable transportation?** **WA Driver's License #**

**Military Service**

**Employment Status**

**Employer/School**

## Emergency Contact

**Last**

**First**

**M.I.**

**Address**

**City**

**State**

**Zip**

**Primary Phone**

**Alternate Phone**

**Relationship**

**Additional Emergency Information or Concerns:**

## Volunteer, SAR and Specialized Training Experience

Do you have previous SAR experience?  Yes  No

Describe:

Do you have previous Volunteer experience?  Yes  No

Describe:

Do you have any specialized training? (e.g. EMT, Paramedic, LE, bilingual, etc.)  Yes  No

Describe:

**Automatic Disqualifiers**

**DRIVING:**

- One or more criminal traffic convictions within the last three years (DUI, physical control, reckless driving, etc.)
- Suspension of driver’s license within the past year
- Five or more moving violations within the past two years
- Two or more at-fault accidents within the past two years (will be reviewed on a case by case basis)
- Other: A negligent driving conviction (reviewed on a case by case basis)

**DRUG USE:**

- Illegal drug/substance use or exposure within the past five years
- Illegal use of ANY controlled substance while employed in a criminal justice related capacity
- Other drug use outside these standards will be considered on a case by case basis
- No illegal sale of ANY drug, including marijuana or prescription medication
- Pattern of illegal or abusive use of prescription medication
- Other: Marijuana – no more than 5 times in life, and zero usage within the past two years

Have you used Marijuana in the last 2 years? Yes No

**CRIMINAL ACTIVITY:**

- Any felony conviction
- Any misdemeanor or felony conviction(s) while employed in a criminal justice capacity
- Adult misdemeanor convictions will be carefully reviewed
- Domestic Violence convictions
- Conviction for unlawful sexual activity

11. I have read and understand the automatic disqualifiers mentioned above. To the best of my knowledge and belief:

I have NOT been convicted of any crime mentioned above. True False

I do NOT meet any of the disqualifiers mentioned above. True False

If you answered False, please explain

***The Skagit County Sheriff’s Office (SCSO) reserves the right to decline an applicant’s request for admission into the Skagit County Sheriff’s Office Search and Rescue Program.***

## Background Authorization

I \_\_\_\_\_ give Skagit County Sheriff's Office  
First Middle Last

authorization to make inquiries into my background, criminal history and driving records for the purpose of becoming a member of Skagit County Sheriff's Office Search and Rescue Group(s): \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

If you are under 18 years of age, please have your parent or guardian sign below:

By signing for my son or daughter, I understand he/she will be required to commit time to this program in Skagit County. I also understand a background check will be completed by the Skagit County Sheriff's Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature (If applicant is under 18 years of age)

## EMERGENCY WORKER REGISTRATION CARD

|   |                     |                    |                               |                      |  |  |
|---|---------------------|--------------------|-------------------------------|----------------------|--|--|
| Jurisdiction: <span style="font-size: 1.2em;">Skagit County</span>                                      |                     |                    | Issue Date:                   | Registration Number: |  |  |
| Name (Last):  | (First):            | (Middle):          |                               |                      |  |  |
| Email:  |                     |                    | PHOTOGRAPH                    |                      |  |  |
| Address:  |                     |                    |                               |                      |  |  |
| City:   | State:              | Zip Code:          |                               |                      |  |  |
| Driver's License No.:   | Date of Birth:      | Blood Type:        |                               |                      | Sex (M-F):   |  |
| Height:   | Weight:             | Color Eyes:        |                               |                      | Color Hair:  |  |
| Physical Disabilities (If any):   |                     |                    |                               |                      |  |  |
| Home Phone:   | Cell Phone:         | Cell Provider:     |                               |                      |  |  |
| <b>I certify that the information on this card is true and correct to my best knowledge and belief.</b> |                     |                    |                               |                      | <b>- In Case of Emergency -<br/>Please Notify:</b> |  |
| Emergency Worker Signature:   |                     | Date of Signature: |                               |                      |  |  |
| Emergency Worker Assignment (WAC-118-04):   |                     |                    |                               |                      | Telephone Number with Area Code:                   |  |
| Authorizing Signature:  | Local Jurisdiction: | Date of Signature: | Relation to Emergency Worker: |                      |  |  |

EMD-024 (7/06) adapted (02/12) (FRONT)

## EMERGENCY WORKER TRAINING RECORD

| COURSE    | HOURS | DATE COMPLETED |
|-----------|-------|----------------|
| ICS - 100 |       |                |
| ICS - 700 |       |                |
|           |       |                |
|           |       |                |
|           |       |                |
|           |       |                |
|           |       |                |
|           |       |                |
|           |       |                |
|           |       |                |
|           |       |                |

**ADDITIONAL INFORMATION - REMARKS:**

|  |       |
|--|-------|
| Background Check Completed                 | Date: |
| Photo Taken                                | Date: |
| Card/Issuance Letter Provided to Volunteer | Date: |
|  |       |
|  |       |
|  |       |

EMD-024 (7/06) (BACK)



## Department of Emergency Management

### **WAC 118-04-200 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 unless specifically directed otherwise by an authorized official in accordance with RCW [38.52.180](#). 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, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter [46.29](#) RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW [38.52.180](#).

(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 vehicle operator course or the emergency vehicle accident prevention course and who 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 recordkeeping and reporting.

*I have read the above WAC (118-04-200) – Personal responsibilities of emergency workers.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# Skagit County

## Department of Emergency Management (DEM)

### FEMA Course Requirements for the Emergency Worker Card Program

Steps to complete FEMA Course Requirements:

- Obtain a FEMA Student Identification (SID) number to take the Final Exams
- Complete the required FEMA ICS-100 and ICS-700 courses

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Obtain a FEMA Student Identification (SID) number:

A FEMA Student Identification (SID) number is a unique number generated and assigned to anyone who needs or is required to take training provided by a FEMA Organization.

If you have a FEMA SID number:

- Go to <https://cdp.dhs.gov/FEMASID/>
- Click on “Log in to FEMA SID” to update any of your profile information.
- If you forgot your FEMA SID
  - Go to <https://cdp.dhs.gov/FEMASID/>
  - Click on the “Forgot your FEMA SID”
- You will be required to enter your SID number to take the final exam for each course.

If you do not have a FEMA SID number:

- Go to <https://cdp.dhs.gov/FEMASID/>
- Click on the “Register for a FEMA SID”
- Complete the information requested. FEMA will then send you your assigned SID number.
- You will be required to enter your SID number to take the final exam for each course.

FEMA Course Links:

ICS 100.c: Introduction to the Incident Command System  
<https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>

ICS 700.b: An Introduction to the National Incident Management System  
<https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>

Complete both courses above and take their respective final exams. You can retake each exam as many times as you need in order to pass the course and get your certificate.

Print a copy of your certificate and provide to DEM to document you have completed these requirements.

**Thank you for your time and dedication in completing the above courses to learn the Incident Command System (ICS) and the National Incident Management System (NIMS), and know more of what to expect when you are asked to assist in a drill or real emergency.**

**To Be Completed by SAR Group Leader(s) and SCSO**

|  |                      |  |
|--|----------------------|--|
| <b>Applicant:</b>  | <b>SAR Group(s):</b> |  |
| <b>Phone:</b>  | <b>Email:</b>        |  |
| <b>Application Received by</b>   | <b>Date:</b>         |  |
| <b>WA Driver's License Checked by</b>  | <b>Date:</b>         |  |
| <b>SAR GROUP REVIEW</b>  |                      |  |
| <b>SAR Group – Reviewed by</b>   |                      |  |
| <b>Notes:</b>  |                      |  |
| <input type="checkbox"/> Accepted <input type="checkbox"/> NOT Accepted  | <b>Date:</b>         |  |
| <b>SCSO REVIEW</b>   |                      |  |
| <b>SCSO - Reviewed by</b>  |                      |  |
| <b>Notes:</b>  |                      |  |
| <b>Driver's Check Completed</b> <input type="checkbox"/> Clear <input type="checkbox"/> Not Clear  | <b>Date:</b>         |  |
| <b>Preliminary Background Check Completed</b> <input type="checkbox"/> Clear <input type="checkbox"/> Not Clear  | <b>Date:</b>         |  |
| <b>Preliminary Application Status</b> <input type="checkbox"/> Accepted <input type="checkbox"/> NOT Accepted  | <b>Date:</b>         |  |
| <b>Preliminary Application Status Advised to Applicant via</b><br><input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person | <b>Date:</b>         |  |
| <b>Fingerprints Provided</b>   | <b>Date:</b>         |  |
| <b>Background Check Completed</b> <input type="checkbox"/> Clear <input type="checkbox"/> Not Clear  | <b>Date:</b>         |  |
| <b>Final Application Status</b> <input type="checkbox"/> Accepted <input type="checkbox"/> NOT Accepted  | <b>Date:</b>         |  |
| <b>Applicant Advised of Application Status by</b>  | <b>Date:</b>         |  |
| <input type="checkbox"/> New Member Photo Taken  | <b>Date:</b>         |  |
| <input type="checkbox"/> EWC Number Assigned and Card Completed  | <b>Date:</b>         |  |
| <input type="checkbox"/> EWC Card Provided to New Member   | <b>Date:</b>         |  |
| <input type="checkbox"/> SCSO SAR ID Card Completed  | <b>Date:</b>         |  |
| <input type="checkbox"/> SCSO SAR ID Card Provided to New Member   | <b>Date:</b>         |  |