WHATCOM COUNTY
Health and Community Services

Champ Thomaskutty, MPH, Director
Amy Harley, MD, MPH, Co-Health Officer

Dear Health Care Professional:

Thank you for volunteering your health care skills and professional backgrounds to the Whatcom County.

Whatcom County Health and Community Services is supporting Unified Command as a liaison between a Volunteer Medical Reserve Unit and the federal Medical Reserve Corps. The Whatcom County Medical Reserve Corps (MRC) is a 501 (c)(3) charitable organization and part of the national MRC network of healthcare provider volunteers. Its mission is to strengthen local public health, reduce vulnerability, and build capacity in the community. WCHCS intends to assist the Medical Reserve team for the future by affiliating with the State and National Medical Reserve Corps www.mrc.hhs.gov/HomePage

The attached application packet provides information to the Medical Reserve Unit (MRU) regarding your credentials, skill sets and education. The MRU is recruiting for Physicians, Nurses, ARNP's, Respiratory Therapists, Physician Assistants, Certified Nursing Assistants, Emergency Room Technicians, Paramedics, Mental/Behavioral Health Specialists and other allied health professionals.

Please send the completed application packet to WhatcomCountyMRC@co.whatcom.wa.us. Once received, your credentials will be verified, a background check will be completed, and you will be issued an Emergency Worker Card for Washington State.

The Whatcom County Unified Command appreciates your willingness to volunteer. Once your application is processed, the MRU leadership team will be contacting you to provide updates and build the MRU Team.

Thank you for volunteering.

Champ Thomaskutty, MPH
Director Whatcom County Health and Community Services

CONFIDENTIAL

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Applicant Disclosure and Authorization for Background Inquiry

You are applying for an appointment to a position or a volunteer opportunity with Whatcom County that will or may have unsupervised access to children under sixteen years of age or developmentally disabled persons or vulnerable adults. As such, and pursuant to RCW 43.43.830, applicants must provide a disclosure statement of certain civil adjudications, conviction records of crimes against persons and disciplinary board final decisions prior to appointment at Whatcom County.

Whatcom County will make background inquiries of the above noted disclosures. Such inquiries may be made to State and/or Federal law agencies. Information obtained from the disclosure statement or from the background inquiries will not necessarily preclude appointment, but will be considered in determining the applicant's character, suitability and competence for the position applied for and may result in denial of appointment. If you wish to be considered for appointment, you must complete and sign this Applicant Disclosure and Authorization Background Inquiry form. Failure to complete and sign this form will disqualify you from Whatcom County volunteer appointment. The information provided on this form will only be considered if you are referred for an interview.

Applicant Last Name:	First Name:	M.I.:
Alias/Maiden Name:		
Date of Birth:	Race:	Gender: ☐ Male ☐ Female
Driver's License Number:		State:

Please answer Yes or No to each listed item below. If you answer Yes to any item, explain in the area provided or attached additional pages indicating the charge or finding, date, court(s), and state involved.

1. Have you ever been convicted of any crimes against children or other persons?
☐ **No** ☐ **Yes** **If yes, explain:** _____

2. Have you ever been convicted of crimes related to the financial exploitation as defined in RCW 74.34.030?
☐ **No** ☐ **Yes** **If yes, explain:** _____

3. Have you ever been found in any dependency action under RCW 13.34.030 (2)(b) to have sexually assaulted or exploited any minor, or have physically abused any minor?
☐ **No** ☐ **Yes** **If yes, explain**: _____

4. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disable person or to have abused or financially exploited any vulnerable adult or found by a court in a protection proceeding under RCW 74.34, to have abused or financially exploited a vulnerable adult?
☐ **No** ☐ **Yes** **If yes, explain:** _____

I swear, under penalty or perjury that the above information is correct:

Applicant Signature:_____ **Date:**_____

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MEDICAL RESERVE CORPS (MRC)
CRIMINAL HISTORY/BACKGROUND APPLICATION
CONFIDENTIALITY OATH

Application: ☐ **New** ☐ **Renewal**

Instructions: Print clearly, provide your signature in two places below, and return to WCSO-Division of Emergency Management.

Last Name	First Name	Full Middle Name				
Maiden Name	Alias/Other Names Known As	Driver License Number	Issuing State			
Street Address	City	State/Zip				
Email Address(es)						
Home Phone	Work Phone	Cell Phone				
Date of Birth (mm/dd/yyyy)	Sex (male/female)	Height	Weight	Race	Eye Color	Hair Color

EMERGENCY CONTACT INFORMATION *(In case of an emergency the following contact person will be notified)*

First and Last Name	Contact Number	Relationship to Emergency Worker

BACKGROUND INFORMATION

Do you have any driving restrictions? If so, please explain:

Have you ever been investigated or arrested for a crime? If so, please explain*: (Answering yes will not be an automatic disqualifier. Factors will be considered due to the nature, seriousness of the act, and the age and maturity of the applicant at the time of the act.)*

I understand that by signing this Application, I am acknowledging and approving the Whatcom County Sheriff's Office to make inquiries into my background, criminal history and driving record. I certify that the above information is true and correct.

Signature	Date

VOLUNTEER CONFIDENTIALITY

Due to the nature of the services that the Whatcom County Sheriff's Office, Emergency Worker Volunteers provide, you may process and sometimes hear or see information that is confidential and not public record. For that reason, you are asked to sign an oath of confidentiality indicating that you will keep information to which you have access confidential and not discuss it with anyone other than the staff with whom you are working. Any violation of this confidentiality is a violation of the Sheriff's Office policy and state law and could result in jeopardizing an on-going investigation.

OATH OF CONFIDENTIALITY

1. The undersigned will access Sheriff's Office records only as necessary to perform job duties.
2. The undersigned agrees not to divulge, publish, or otherwise make known to anyone except Sheriff's Office employees, orally or in writing, any information gained through access to the Sheriff's Office records.
3. It is understood and agreed upon that the foregoing conditions do NOT cease at such time as the undersigned is no longer a volunteer with the Sheriff's Office. The undersigned is permanently bound by said regulations on confidentiality.
4. Violation of conditions 1 through 3 may subject the undersigned to disciplinary action, which may include termination of volunteer status, civil action, and/or criminal prosecution. This does not preclude the undersigned from reporting misconduct they have knowledge of or truthfully testifying in any official proceedings.

_____ _____

Signature of Volunteer Date

Assurance of Confidentiality

As an employee, student, volunteer, or individual acting in any other capacity in connection with Whatcom County, I _____, agree to the following:

1. I will maintain and protect the confidentiality of information I may receive or have access to within Whatcom County. This information may include protected health information (PHI) relating to an individual's healthcare and the payment for that healthcare; individually identifiable health information (IIHI) relating to demographic information which could identify the individual (i.e. name, address, phone number, social security number, medical record number, account number); personnel and payroll information; and an individual's financial information.
2. I will respect an individual's right to confidentiality and no access, read, discuss or disclose PHI, IIHI or other confidential information regarding an individual whose records are maintained in any format within the health District **unless it pertains to my specific job requirements.**
3. I will not access the medical information of myself, family, friends, co-workers, or others I may be curious about for whom I have no job-related business to access.
4. I will hold discussions involving an individual's confidential information in locations which assure privacy.
5. I will comply with the Whatcom County HIPAA Confidentiality Guidelines.
6. I will safeguard my computer password, not share it with anyone, and will not post in in a public place.
7. I will log off the computer whenever I am away from my work area for any length of time (i.e., breaks, lunch periods).
8. I will log off of the computer at the completion of my work day and place all confidential information (i.e. papers, removable storage devices) into locking desks, file cabinets or safes.
9. I understand that my activity on Whatcom County computers, including the electronic medical record, is logged and also routinely monitored for suspicious, unauthorized and/or unlawful access.
10. I will report violations or potential violations of this agreement to my supervisor and the privacy/security official.
11. Upon termination of my relationship with Whatcom County, I agree to maintain the confidentiality of any confidential information I learned during that relationship and agree to turn over any keys, access cards, or any other device that would provide access to Whatcom County or its information.
12. I understand that any violation of confidentiality of an individual's information may result in disciplinary action, up to and including dismissal, or dissolution of contractual agreement. Any deliberate unauthorized disclosure of protected health information/individually identifiable health information is a federal and Washington State civil and criminal offense.

_____ _____
Signature Date

_____ _____
Supervisor/Witness Date

Medical Credential Type
Medical Credential Number

EMERGENCY WORKER REGISTRATION CARD					
Jurisdiction: **Whatcom County**				Issue Date:	Registration No.:
Name (Last):	Name (First):		M.I.:		
Email Address:					
Mailing Address:					
Driver's License No.:	Date of Birth:		Sex (M-F):		
Height:	Weight:	Color Eyes:	Color Hair:		
Physical Disabilities (if any):	Medical Specialty/Title:				
Home Phone:	Cell:	Work Phone:		**In case of emergency – Please notify:**	
I certify that the information on this card is true and correct to my best knowledge and belief.					
Emergency Worker Signature:		Date of Signature:		Name:	
Emergency Worker Assignment (WAC-118-04-110):				Telephone No. with Area Code:	
Authorizing Signature:	Local Jurisdiction: WCSO/DEM	Date of Signature		Relation to Emergency Worker:	

State of Washington Emergency Worker Program Authority Reminder:

Whatcom County Sheriff's Office Division of Emergency Management registers Volunteer Emergency Workers in accordance with the Washington Administrative Code (WAC), Military Department (Emergency Management) Title 118, Emergency Worker Program Chapter 118-04; and the Revised Code of Washington (RCW), Militia and Military Affairs Title 38, Emergency Management Chapter 38.52. The complete WAC and RCW can be found online at, http://apps.leg.wa.gov/wac/ and http://apps.leg.wa.gov/rcw/. Below, highlighted for your review, is WAC 118-04-200 Personal Responsibilities of Emergency Workers.

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 the required recordkeeping and reporting.