

How to Register as a WAsafe Volunteer

The following pages are intended as a general guidance document for enrolling as a WAsafe volunteer in the WAserv.org database system. WAsafe is a volunteer emergency worker program managed by a coalition of organizations.* WAserv.org is a volunteer emergency worker website managed by the Washington State Department of Health. They have graciously allowed WAsafe to use their website.

In this guide to enrollment you will find:

- Yellow highlighted and red marked portions of the forms that are necessary entries to complete your application.
- Notes regarding unnecessary or non-functional cells for WAsafe.

*WAsafe supporting coalition:

- Washington Association of Building Officials (WABO)
- Structural Engineers Association of Washington (SEAW)
- American Institute of Architects, Washington Council (AIA-WA)
- American Society of Civil Engineers, Seattle Section (ASCE)

WAsafe's purpose is to train, enroll, manage, and dispatch volunteer emergency workers to perform post-disaster building safety assessments.

Steps to Enroll in WAsafe

THE FOLLOWING PAGES WALK YOU THROUGH THE PROCEDURES FOR THE ON-LINE ENROLLMENT TAB BY TAB.

HERE IS A SUMMARY OF THE STEPS

- A. Start by going to:** <https://waserv.org>
- B. Fill out Registration page:**
 - 1. Select Organization affiliation and Responder Type.
 - 2. Fill out Username, Password, Email, Contact Information
- C. Fill out Profile Information** (organized by sub-tabs)
 - 1. Fill out “Identity” sub-tab (For each sub-tab, click on “Edit Information” near the top of page to start process)
 - 2. Fill out “Deployment” sub-tab
 - 3. Fill out “Contact” sub-tab
 - 4. Fill out “Occupation” sub-tab. See following pages for tips on entering your license numbers.
 - 5. Fill out “Training” sub-tab. See following pages for how WAsafe and CalOES SAP training is selected and input.
 - 6. Fill out pertinent portions of “Skills & Certifications”, “Medical History”, and “Settings” as they apply to you.
 - 7. “Background Check” – At this time WAsafe does not perform Background Checks.

Main Login Page

Start by going to the main Login Page:

Click on the “Register for WAserv” button. This will take you to the Registration webpage.

(You will create a Username and Password later.)

Washington State Department of Health [US] | waserv.org

WAserv
Washington State Emergency Registry of Volunteers

Home | Contact Us | FAQs | Privacy / Disclaimer / Copyright Policy

Welcome to WAserv / Volunteer Registry

Washington State Emergency Registry of Volunteers is for citizens who are willing and able to help during disasters and significant events. Register now to partner with your local Public Health, local hospital, neighbors, and others who need assistance.

[Register for WAserv](#)

[View FAQ's](#) | [Contact Us](#)

Member Login

Username:

Password:

[Forgot Username or Password?](#)

Looking for **WA SECURES?**

Washington State Department of Health
PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

Registration Webpage

Washington State Department of Health [US] | waserv.org/agreement.php

WAserv

- 1 For the best experience, do not use the refresh, stop, back or forward buttons on the browser and only single-click buttons within a page.
- 2 An asterisk (*) indicates a required field. You will be alerted if the required information has not been entered.
- 3 For your security, all communications are encrypted and you will be logged out automatically if you are inactive for more than 60 minutes.
- 4 We recommend the latest version of [Microsoft Internet Explorer for Windows](#), [Mozilla Firefox for Mac or PC](#), [Apple Safari for Mac or PC](#) or [Google Chrome for Mac or PC](#) with JavaScript enabled and pop-up blocker turned off to use this site. Please see your browser's help file for more information.

Organizations

Organizations represent official groups that you have affiliation with as a WAserv user. Click the Add Organizations link below to see a complete list of organizations and select those you want to join.

+ Add Organizations

* Organization(s):

Account Information

Creating an account is the first step in the WAserv registration process. You will use your account username and password each time you log into WAserv.

* Username:
The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, -, and _ . Usernames are not case sensitive.

* Password:

* Confirm Password:

* Secret Question:

* Secret Answer:

Terms of Service and Privacy Policy

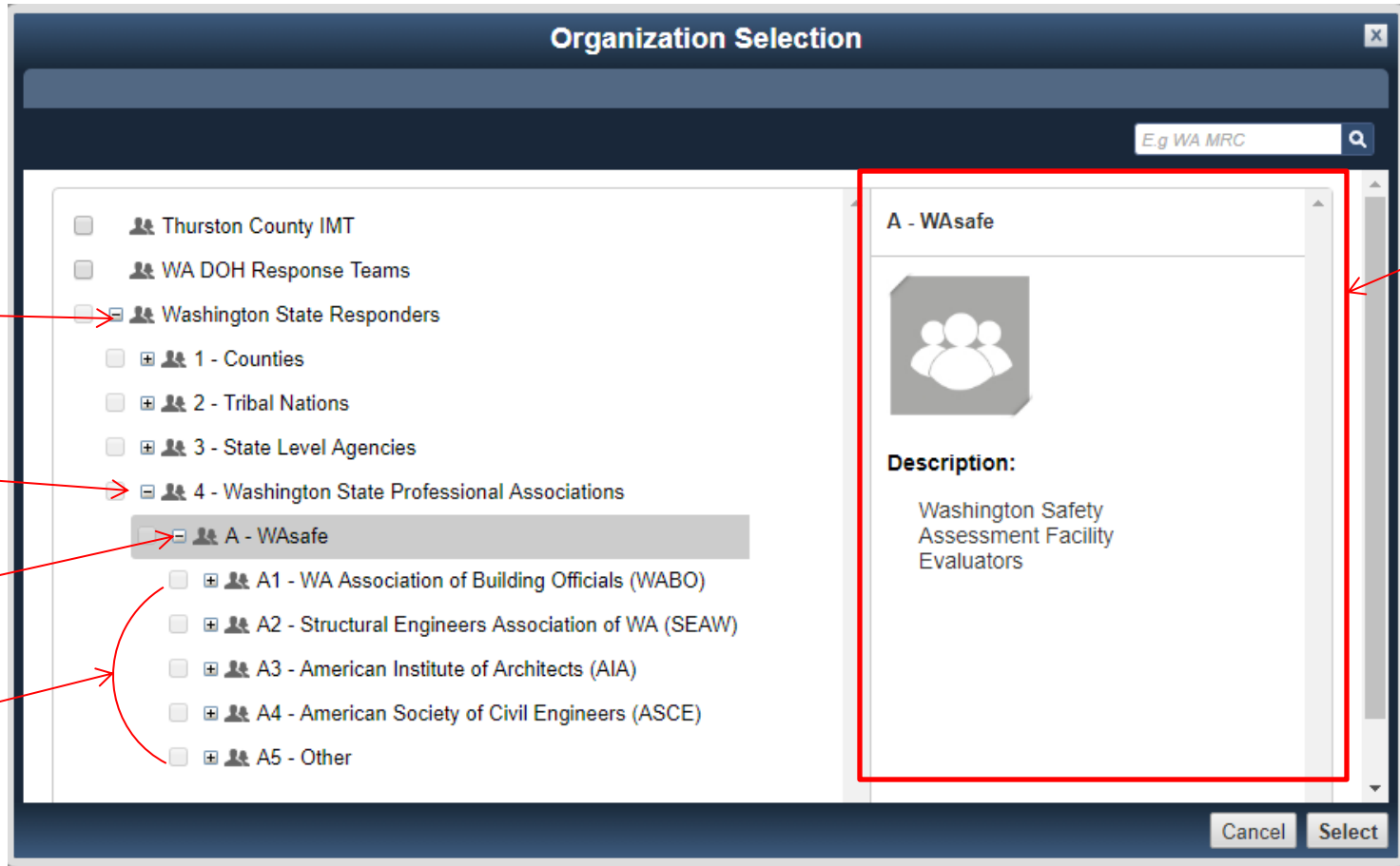
* Terms of Service: By checking this box, I indicate that I understand the [Privacy / Disclaimer / Copyright Policy](#) for this site. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this

Validation Errors:

- ✗ Password must be 10 characters or longer
- ✗ Password must contain a number
- ✗ Password must contain a special character
- ✗ Password must contain uppercase letter
- ✗ Confirmation password must match

Click on the "Add Organizations" Link

Organization Selection Tree

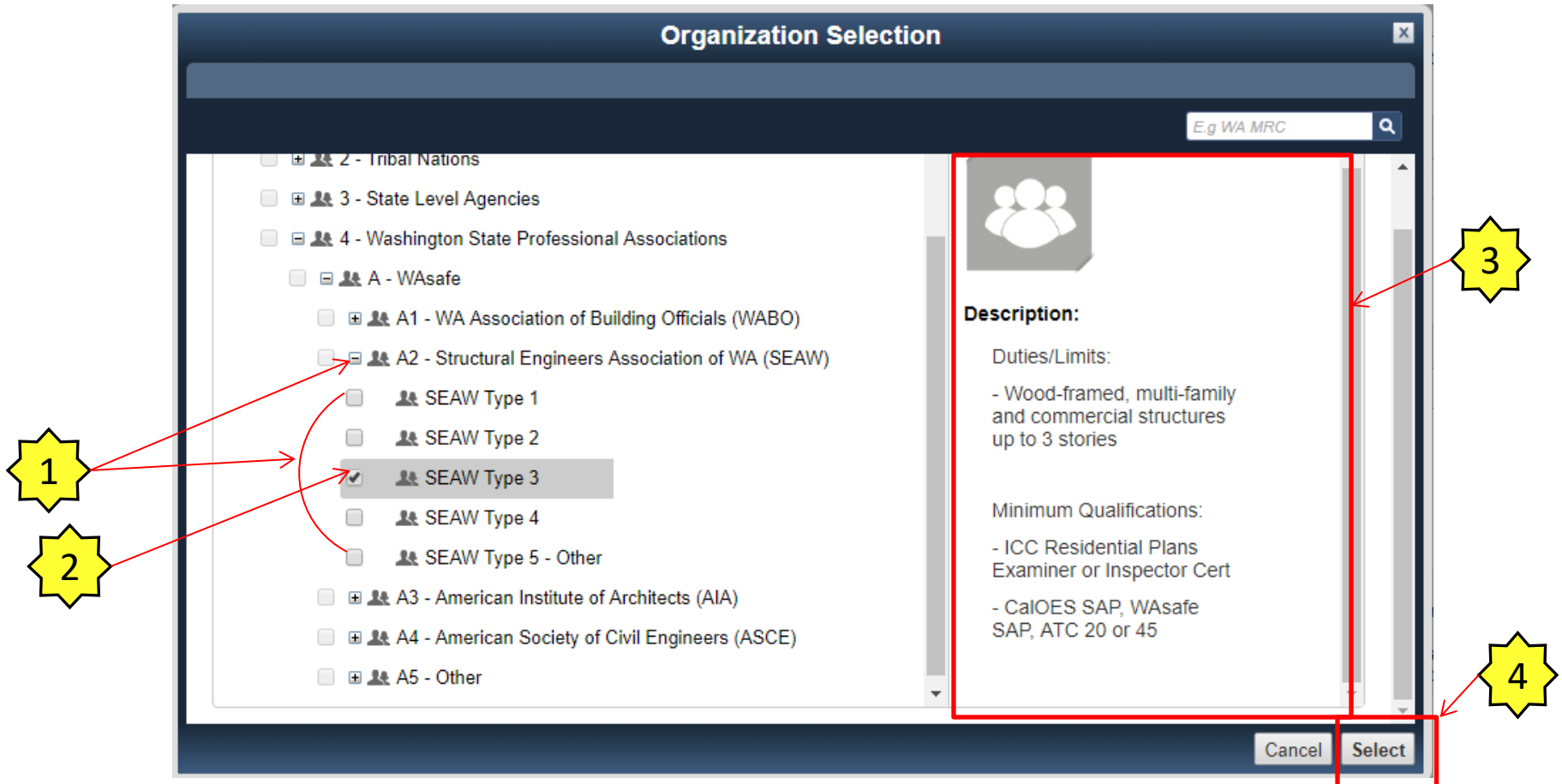


The Organization Selection page (above) will appear.

Expand the organization tree by clicking on the “+” symbols.

1. Expand “Washington State Respondeers”
2. Expand “Washington State Professional Associations”
3. Next expand “A – WAsafe”
4. Next expand one or more of the organizations you belong to. If you do not belong to WABO, SEAW, AIA or ASCE, select “A5 – Other”

Expanding the Organization Selection Tree – Example SEAW



1. Expand your organization (In this example “A2 – Structural Engineers Association of WA (SEAW)”).
2. Select the Responder “Type” based on your qualifications. In this example , “SEAW Type 3”
3. The Duties / Limits and Minimum Qualifications for each Responder Type appear on the box to the right of the screen. See the next page of this guide for a description for each of the “Types” of responders.
4. Click on the “Select” button.

Complete Descriptions of All Five Responder Types

WASAFE EVALUATOR TYPES

Type	Duties/Limitations	Minimum Qualifications
1	Structural evaluation only: all buildings, including multi-family and commercial buildings over 5 stories and buildings with complex structural systems	<ul style="list-style-type: none"> Registered structural engineer or civil engineer with structural specialty WAsafe BSA; or Cal OES SAP with WAsafe-specific module
2	a. Non-structural evaluation: all single family residential, multi-family and commercial buildings b. Structural evaluation: single family residential, multi-family and commercial buildings up to 5 stories with non-complex structural systems	<ul style="list-style-type: none"> Certified Building Plans Examiner, Commercial Building Inspector, or Building Official; or Registered Architect WAsafe BSA; or Cal OES SAP with WAsafe-specific module
3	Wood-framed single family residential, multi-family and commercial buildings up to 3 stories	<ul style="list-style-type: none"> Certified Residential Building Plans Examiner or Residential Building Inspector WAsafe BSA; or Cal OES SAP with WAsafe-specific module
4	Single family residential buildings and associated accessory structures	<ul style="list-style-type: none"> Any ICC Certification WAsafe BSA; Cal OES SAP with WAsafe-specific module; or ATC-20/45
5	As assigned by Building Official or Incident Command	<ul style="list-style-type: none"> EITs, unlicensed architects, permit technicians, etc. with relevant experience WAsafe BSA; Cal OES SAP with WAsafe-specific module; or ATC-20/45

Notes:

- Type 1 evaluators can also perform structural assessments for all Types, and non-structural assessments for Types 3 and 4.
- Type 2 evaluators can also perform structural and non-structural assessments for Types 3 and 4.

If you are not qualified for Types 1 to 4.
Register as "Type 5-Other"

Registration Web Page (again)

After you checked the “Type” box (in this example “SEAW Type 3”) and clicked on the “Select” button on the “Organization Tree” page, you will be returned to the “Registration” page to complete filling it out.

Complete the Username / Password, website acceptance, etc.

Yellow highlighted boxes are mandatory cells.

Scroll down to continue.

The screenshot shows the registration page for WAserv. At the top, there are navigation arrows and the URL 'Washington State Department of Health [US] | waserv.org/agreement.php'. Below the header, there are four numbered instructions: 1) Do not use browser navigation buttons; 2) Asterisks indicate required fields; 3) Communications are encrypted and sessions time out after 60 minutes; 4) Use the latest version of a supported browser with JavaScript enabled. The 'Organizations' section shows 'SEAW Type 3' selected. The 'Account Information' section contains fields for Username, Password, Confirm Password, Secret Question, and Secret Answer, all highlighted in yellow. A tooltip for the Username field states: 'The username must be between 8 and 30 characters long and cannot contain spaces. Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, ., -, and _ . Usernames are not case sensitive.' A password requirements box on the right lists: 'Password must be 10 characters or longer', 'Password must contain a number', 'Password must contain a special character', 'Password must contain uppercase letter', and 'Confirmation password must match'. The 'Terms of Service and Privacy Policy' section has two checkboxes: 'Terms of Service' and 'Information Pledge', both highlighted in yellow. The 'Information Pledge' text reads: 'By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to WAserv and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.' The 'Name and Address' section is partially visible at the bottom.

Registration Web Page (continued)

Scroll down on the page and fill out your Name and Address data, and Contact information.

Asterisked items are typically mandatory.

Yellow highlighted boxes are mandatory cells.

Scroll down to continue.

It is not required, but please input multiple methods to contact you in the post-disaster environment, using the "+ Add Email Address" and/or "Add Another Contact Method" tabs

The form is divided into two main sections: "Name and Address" and "Contact Information".

Name and Address Section:

- Prefix:** Text input field. Example: Dr., Col., Mr., Mrs., Ms.
- * First Name:** Text input field (highlighted in yellow).
- Middle Name:** Text input field.
- * Last Name:** Text input field (highlighted in yellow).
- Suffix:** Text input field. Example: Jr., Sr., MD., PhD., RN.
- * Address Line 1:** Text input field (highlighted in yellow).
- Address Line 2:** Text input field.
- * City:** Text input field (highlighted in yellow).
- * State/Province:** Dropdown menu (highlighted in yellow).
- * County or Tribe of Residence:** Radio buttons for "County" and "Tribe". A note states: "If you are a tribal member, a tribal designee, or currently employed by a tribal government, please enter a Tribe of Residence."
- * Zip Code:** Text input field (highlighted in yellow).
- Work State:** Dropdown menu.

Contact Information Section:

Primary Email Address (tab):

- Email Address:** Text input field (highlighted in yellow).
- Confirm Email Address:** Text input field (highlighted in yellow).
- Link: [+ Add Email Address](#)

Contact Method 1 (tab):

- * Contact Method 1:** Dropdown menu (highlighted in yellow).
- * Number to Attempt:** Text input field with a maximum value indicator 'x' (highlighted in yellow).
- Link: [+ Add Another Contact Method](#)

Registration Webpage (continued)

Occupation Information

* What is your occupation type?

* Occupation:
If your occupation does not appear in the list, please select Other.

* What is your current professional status for this occupation?

Registration Feedback

How did you hear about the site?
If Other, please specify in the comments.

Comments:

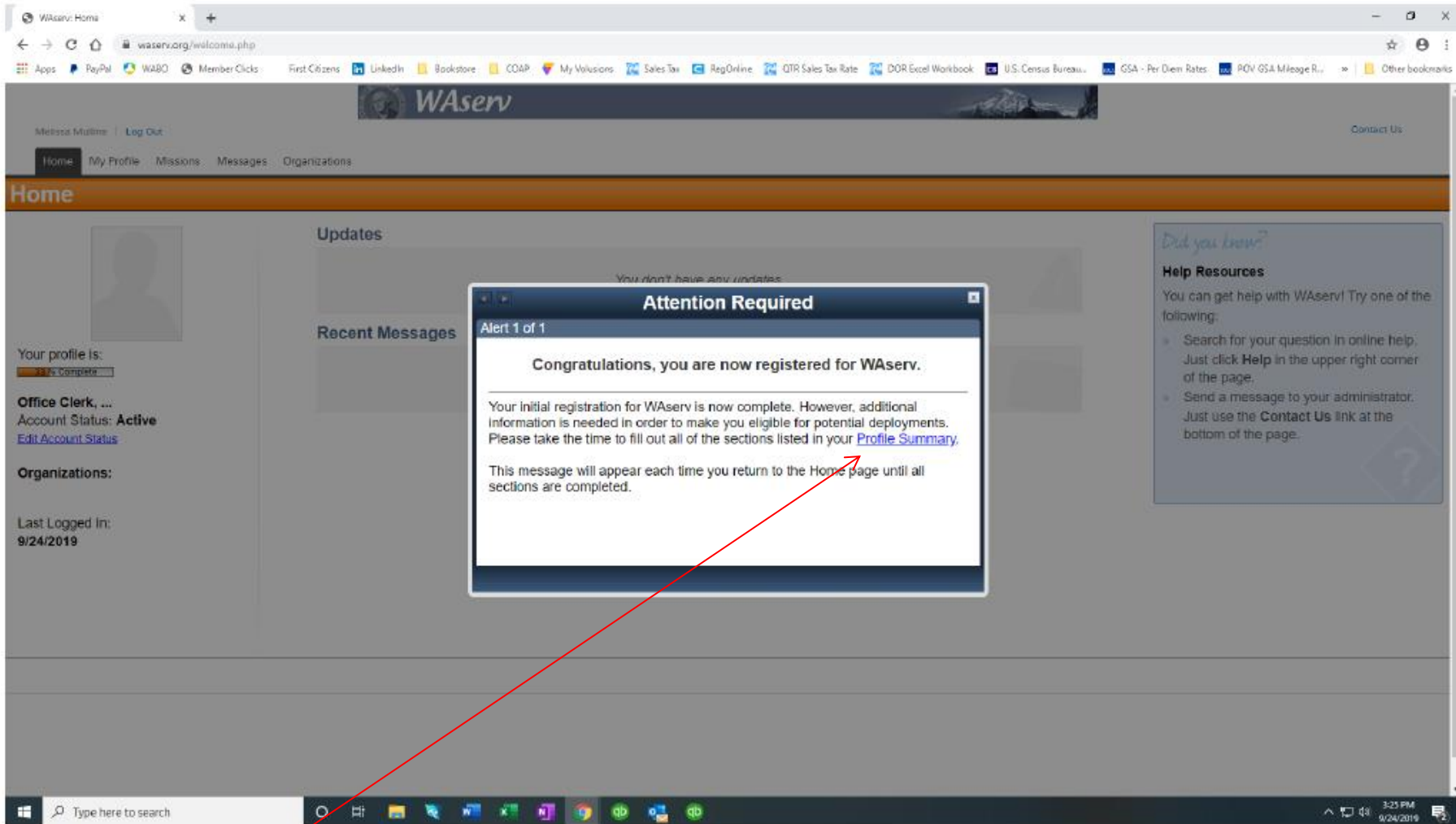
Previous

FAQ | Contact Us

After scrolling down select from the Occupation Information pull down lists.

1. Select “Non-Medical/Support” for your occupation type.
2. Select your appropriate “Occupation” from the pull down list. (Hint: WAsafe put numerous relevant occupations on the list. These are in ALL CAPS. For example “STRUCTURAL ENGINEER” is in the list as well as several building department related occupations.)
3. Select your current professional status and then click on the “Next” button.

Next a Pop up screen will appear... “Congratulations...”



The screenshot shows a web browser window displaying the WAserv website. A pop-up alert titled "Attention Required" is centered on the screen. The alert contains the following text:

Alert 1 of 1

Congratulations, you are now registered for WAserv.

Your initial registration for WAserv is now complete. However, additional information is needed in order to make you eligible for potential deployments. Please take the time to fill out all of the sections listed in your [Profile Summary](#).

This message will appear each time you return to the Home page until all sections are completed.

A red arrow points from the text "Click on 'Profile Summary' in the Pop up screen to continue." below the screenshot to the "Profile Summary" link in the pop-up.

The background website shows a navigation menu with "Home", "My Profile", "Missions", "Messages", and "Organizations". The "Home" page is active. On the left, there is a user profile section with "Your profile is: 100% Complete", "Office Clerk, ...", "Account Status: Active", and "Organizations:". On the right, there is a "Help Resources" section with instructions on how to get help.

Click on “Profile Summary” in the Pop up screen to continue.

Entering your Profile information

John Dough | Log Out

Home My Profile Missions Messages Organizations

Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check Settings

Summary

27 % Complete

In order to make you eligible for potential deployments, all profile information must be complete. Please take the time to fill out each section below.

- ✘ [Identity](#) (incomplete - required fields missing)
Your name, current address, physical characteristics, and ability to operate a licensed motor vehicle.
- ✘ [Deployment Preferences](#) (incomplete - required fields missing)
Your availability for deployments, activity preferences for deployments, and existing emergency response commitments.
- ✘ [Contact](#) (incomplete - required fields missing)
Your contact information and emergency contacts for use during a deployment.
- ✘ [Occupations](#) (incomplete - must complete occupations)
Your professional experience.
⚠ [RESIDENTIAL BUILDING INSPECTOR -ICC](#) (needs attention - page not visited.)
Credentials are the formal qualifications you possess and are verified by the system.
- ✘ [Training](#) (incomplete - page not visited)
Your completed training courses.
- ✘ [Skills and Certifications](#) (incomplete - page not visited)
Your expertise to be considered for deployment eligibility and prior deployment history.
- ✘ [Medical History](#) (incomplete - page not visited)
Your health conditions that may affect deployment eligibility and your vaccination history.
- ✔ [Background Check](#) (complete)
Your background check may affect deployment eligibility.

Summary sub-tab shown here with status of each of the other sub-tabs. The status' will change as your profile is completed.

Above is a screenshot of the “My Profile” “Summary” sub-tab page.

In the following pages a fictitious “John Dough” will be used to illustrate the steps to entering your profile.

Most steps are self explanatory, but there are a few quirks.

Click on the sub-tabs “Identity”, “Deployment Prefs”, “Contact”, “Occupation”, etc., to complete your profile.

Click on the “Identity” sub-tab –

Then click on the “Edit Information” button and the following screen will appear.

Home **My Profile** Missions Messages Organizations

Summary **Identity** Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check Settings

Identity

Name and Address

Prefix:

First Name: John

Middle Name:

Last Name: Dough

Suffix:

* Address Line 1: 123 Wheat St

Address Line 2:

* City: Breattown

* State/Province: Washington

* County or Tribe of Residence: County Tribe
If you are a tribal member, a tribal designee, or currently employed by a tribal government, please enter a Tribe of Residence.

County: King

* Zip Code: 98005

Work State: Washington

Identifying Information

* Date of Birth: 12/01/1958

* Gender: Male

Driver's License Endorsements

Indicate all driver's license endorsements for operating motorized vehicles.

Licensed to operate:

- a passenger vehicle
- a motorcycle
- a single commercial motor vehicle over 26,000 lbs
- a combination commercial motor vehicle over 26,000 lbs
- other commercial vehicles and buses

Are you certified to transport hazardous materials? Yes No

Do you have an Enhanced Washington State drivers license: Yes No

“Identity” sub-tab is self explanatory. Click on “Save Changes” when done.

Cancel Save Changes

Click on the “Deployment Prefs” sub-tab

Then click on the “Edit Information” button and the following screen will appear.

Home My Profile Missions Messages Organizations

Summary Identity **Deployment Prefs** Contact Occupations Training Skills & Certifications Medical History Background Check Settings

Deployment Prefs

Willingness and Availability

Deployment preferences are used to help match responders to potential emergency deployments.

* Where are you willing to travel for deployment? Local In-State Out-Of-State
Check all that apply.

* How many days are you willing to be deployed? days

* In the event of a declared national emergency, would you consider volunteering to work under the authority of the Federal Government? Yes No
Selecting yes may result in your information being provided to the Federal Government upon its request.

Prior Emergency Response Commitments

Please indicate any existing commitments to other emergency response agencies and organizations which may limit your ability to volunteer your services during a potential deployment.

Do you currently hold a valid US Passport? Yes No

* Do you have any other commitments that might pose a conflict in the event of an emergency? Yes No
Selecting yes allows you to select from a list of organizations which you might have a commitment to during an emergency.

Cancel Save Changes

The Deployment Prefs sub-tab is self explanatory.

Click on “Save Changes” when done.

Click on the “Contact” sub-tab

Then click on the “Edit Information” button and the following screen will appear.

John Dough | [Log Out](#) [Contact Us](#)

Home **My Profile** Missions Messages Organizations

Summary Identity Deployment Prefs **Contact** Occupations Training Skills & Certifications Medical History Background Check Settings

Contact

Email

The information you provide here will be used for communications about potential deployments and other system-related issues.

Primary Email Address X

Email Address:

New Email Address:

If you have an email account, it is important for you to provide this information. Without your email address, you may miss important messages and notifications. Please note that the system will not allow two accounts with the same email address. If you do not have an email address or your email address is already registered with the system, you can learn more about obtaining a free email address by [clicking here](#).

Confirm Email Address:

[Add Another Email Address](#)

Contact Method

Enter your preferred contact numbers for notifications during an emergency and for other system related issues. Additional information is required for pager numbers.

Contact Method 1 X

* Contact Method 1:

* Number to Attempt 1:

[Add Another Contact Method](#)

Emergency Contact

The individuals to contact in the event of a personal emergency during deployment.

Emergency Contact 1 X

* Emergency Contact Name:

* Relationship:

* Primary Contact Number: x

Secondary Contact Number: x

[Add Another Emergency Contact](#)

“Contact” sub-tab is self-explanatory.

It is important to complete the “Emergency Contact” information. This would be used if you were injured in the field.

“Occupations” sub-tab (example 1 WABO Certified)

John Dough | [Log Out](#) [Contact Us](#)

Home **My Profile** Missions Messages Organizations

Summary Identity Deployment Prefs Contact **Occupations** Training Skills & Certifications Medical History Background Check Settings

Edit RESIDENTIAL BUILDING INSPECTOR -ICC

Professional Status

Please select the status for your occupation. If you selected a medical occupation and are currently in residency please select student. In all other cases please select the appropriate status.

* What is your current professional status for this occupation: Active Inactive

Professional License

Enter the number listed on your license exactly as it appears on your license. Make sure that you include any license prefixes (such as RN) in addition to your license number. If you have additional licenses for different occupations, please add a new occupation to your profile and enter the license number there.

Is the name on this license the same as the name you provided in your personal information: Yes No

License Number: Professional License number, exactly as it appears on the license.

Issuing State or Jurisdiction: State or jurisdiction in which this license was issued.

Expiration Date:

Is your license in good standing: Yes No

Is your license free of adverse actions and restrictions: Yes No

Occupation Information 1

Company Name:

Your Title/Position:

Address Line 1:

Address Line 2:

City:

State:

County:

Zip Code:

Supervisor Name:

Supervisor Number: x

Occupation Example 1:
The occupation was completed with the original registration.
The system only allows 2 occupations selections. Please select at least 1 ICC certification (or at least one Professional License for non-WABO applicants)

In this example, there is no license number for RESIDENTIAL BUILDING INSPECTORS, so the “Professional License” number is left blank. WABO will verify ICC Certifications

Add a second Occupation to add another ICC certification.

Click on “Save Changes” when done.

“Occupations” sub-tab (example 2 Professional License)

John Dough | Log Out Contact Us

Home My Profile Missions Messages Organizations

Summary Identity Deployment Prefs Contact **Occupations** Training Skills & Certifications Medical History Background Check Settings

Edit STRUCTURAL ENGINEER

Professional Status

Please select the status for your occupation. If you selected a medical occupation and are currently in residency please select student. In all other cases please select the appropriate status.

* What is your current professional status for this occupation: **Active** ▼

Professional License

Enter the number listed on your license exactly as it appears on your license. Make sure that you include any license prefixes (such as RN) in addition to your license number. If you have additional licenses for different occupations, please add a new occupation to your profile and enter the license number there.

Is the name on this license the same as the name you provided in your personal information: Yes No

License Number: **00012345**
Professional License number, exactly as it appears on the license.

* Issuing State or Jurisdiction: **Washington** ▼
State or jurisdiction in which this license was issued.

Expiration Date: **12/01/2020**

Is your license in good standing: Yes No

Is your license free of adverse actions and restrictions: Yes No

Occupation Information 1

Company Name:

Your Title/Position:

Address Line 1:

Address Line 2:

City:

State: **Washington** ▼

County: **King** ▼

Zip Code:

Supervisor Name:

Supervisor Number: x

Select from: Active, Inactive, Student or Retired

Occupation Example 2:
The occupation “STRUCTURAL ENGINEER” would have been selected from the drop down menu with the original registration (See page 10).

“Professional License” number must have at least 8 digits and or letters. Add zeros to front of number if needed.

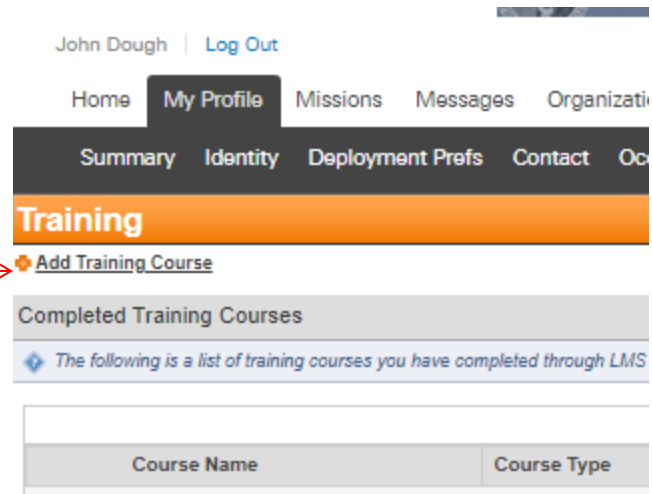
Architects input your 4-digit alphanumeric number

* Items are mandatory

Click on “Save Changes” when done.

“Training” sub-tab 1

Click on the “Add Training Course”



Then a drop down list will be available.
Click on “Select”.

Then a long list of trainings will appear.

This screenshot shows the 'Add Training' form. The navigation menu is the same as in the previous screenshot, but the 'Training' sub-tab is now active. The form title is 'Add Training' and the section is 'Training Course'. The form fields are: '* Training Course:' with a dropdown menu showing 'Select'; 'Institution:' with a text input field; 'Training Course Date:' with a date input field (mm/dd/yyyy); 'Expiration Date:' with a date input field (mm/dd/yyyy); a checkbox labeled 'Check this box if your training course has no expiration date'; and 'Upload Certificate:' with 'Choose File' (No file chosen), 'Clear', and 'Add Another Certificate' buttons.

“Training” sub-tab 2

Select a training from the pull down list and complete the

Training Course Date:

Expiration Date: (if applicable, otherwise click on the “Check this box if your training course has no expiration date.”)

Upload Certificate: (if applicable)

Repeat for all the applicable trainings that apply to you.

You will notice that there are no selections for:

- CalOES SAP
- or WAsafe SAP (now called WAsafe BSA)
- or ATC 20
- or ATC 45 Training

These will only appear when your application as a volunteer is “Accepted”.

John Dough | Log Out

Home My Profile Missions Messages Organizations

Summary Identity Deployment Prefs Contact Occupations **Training** Skills & Certification

Add Training

Training Course

* Training Course: ICS-100: Introduction to the Incident ▾

Institution:

Training Course Date:

Expiration Date:

Check this box if your training course has no expiration date

Upload Certificate: No file chosen

“Training” sub-tab 3

Once your application to be a WAsafe Volunteer has been reviewed and “Accepted” by a WAsafe administrator, the Add Training pull down list will include:

WAsafe SAP (now called WAsafe BSA)

CalOES SAP

ATC 20

ATC 45

Select the trainings that apply and

Fill in the following

Training Course Date:

Expiration Date: (WAsafe BSA and CalOES SAP have a 5 year expiration date.

John Dough | [Log Out](#)

[Home](#) [My Profile](#) [Missions](#) [Messages](#) [Organizations](#)

[Summary](#) [Identity](#) [Deployment Prefs](#) [Contact](#) [Occupations](#) [Training](#) [Skills & Certi](#)

Add Training

Training Course

* Training Course:

Institution:

Training Course Date:

Expiration Date:

Check this box if your training course has no expiration date

Upload Certificate: No file chosen

Finishing up “My Profile” “Skills & Certificates” and “Medical History”

Please continue to fill out any other
“Skills & Certificates” you have that are
on the pull down lists on that page.
Most are medical related.

Then complete any “Medical History”
to answer – *Do you need Americans
with Disability Act (ADA)
accommodations?*

**YOUR APPLICATION TO BE A WAsafe
VOLUNTEER IS NOW COMPLETE!**

Please remember to log in periodically
to update your contact information.

John Dough | Log Out

Home My Profile Missions Messages Organizations

Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check Settings

Skills & Certifications

Healthcare Skills and Certifications

Please indicate your healthcare skills and certifications below. The skills and certifications below are those that have been obtained either through a certification process or through non-required training

Select all that apply:

Pediatric Advanced Life Support
SNS Mass Dispensing
Vaccination Administration
Vaccine Administration, Smallpox

Other Relevant Skills and Certifications

Please indicate other relevant skills and certifications below. The skills and certifications below are those that have been obtained either through a certification process or through non-required training

Select all that apply:

Loading/Shipping
Reception Center Training
Workforce Resilience Program Training
Community Emergency Response Team Training

Languages

Indicate any languages, other than English, that you are able to write and/or speak. The information you provide may be used to match you to potential deployments.

Language 1

Language: Select

Spoken Ability: Select

Written Ability: Select

Prior Deployment Experience

Please list any deployments you may have participated in as part of a volunteer organization with members of the public. Activities could range from assisting in a multi-day mass care incident, staffing

Prior Deployment Experience 1

Deployment Event:

Initial Deployment Date: Month Year

Period of Deployment: Days

Description of Experience During Deployment: