



CITY OF TUKWILA

EMERGENCY MANAGEMENT OFFICE

TRAINING APPLICATION

External Applicants

City of Tukwila
 Emergency Management
 444 Andover Park East
 Tukwila, WA 98188

Fax: (206) 575-2475
E-mail: EmergencyPrep@TukwilaWA.gov
Phone: (206) 971-8742

Name:

Employer:

Mailing Address:

Home Phone:

Work Phone:

Cell Phone:

E-mail:

CAPABILITIES REVIEW

YES

NO

Current City of Tukwila Volunteer

CERT Trained

HAM Radio License

First Aid Trained (current, not expired)

Date of Birth:

Male:

Female:

Course Name and/or Number:

Course Date(s):

Please list other Emergency Management courses you have taken or certifications you may have:

Do you have any disabilities that require special consideration? If yes, please explain:

Yes:

No:

Assumption of Risks/Exculpatory Clause: For and in consideration of the opportunity offered to me to participate in the above-named activity/activities offered by the City of Tukwila Emergency Management Office, I, as evidenced by my signature below, do hereby hold harmless, release and waive all claims I may have against the City of Tukwila, its officials, employees, agents, or contracted instructors, and any other person(s) involved in this activity for any and all injuries, losses or damages suffered by myself as a result of my participation in this activity/activities. I accept full responsibility for the cost of treatment for any injury, losses, damages or death suffered by myself while taking part in this activity/activities. I give permission to have my photograph taken during classes and used for publicity purposes by the City of Tukwila.

Signature of Applicant:

Signature of Parent/Guardian (if applicant is under 18 years old):

Date:

Date:

Below For Office Use Only

Approved:

Waiting List:

Prerequisite Met:

Withdraw:

No Show:

Attach: (If Applicable)

Purchase Order #:

Check #:

Fee:

Roster:

Database:

Letter: