



## VOLUNTEER SERVICES APPLICATION Spokane Dept. of Emergency Management

PLEASE TYPE OR PRINT – FULLY ANSWER ALL QUESTIONS – USE INK ONLY

Name (Last): Schell		(First): Ron		(Middle): Dean	
Address 1: 205 W. WALton					
Address 2:					
City: Spokane			State: WA		Zip Code: 99205
Driver's License No.: SCHELRD431LL		Date of Birth: 6/13/57		Blood Type: O Positive	Sex (MF): M
Height: 5'7"		Weight: 180		Color Eyes: Hazel	Color Hair: Brown
Physical Disabilities (If any): None					
Home Telephone: 509-326-6677		Work Telephone: 509-468-4932		Cell phone 509-499-3407	
Email: RonSchell604@comcast.net					
I certify that the information on this card is true and correct to my best knowledge and belief. I authorize DEM to conduct a background investigation and drivers check.				In Case of Emergency Please Notify:	
Emergency Worker Signature: <i>Ron Schell</i>		Date of Signature: 6-7-11		Name: Charlotte Schell	
Team, Group or Organization (primary/secondary): Inland Empire Blood Hounds				Telephone Number with Area Code: 208-660-0965	
				Relation to Emergency Worker: Wife	

### PHOTOGRAPH IDENTIFICATION NECESSARY

You must submit a copy of an official federal or state photograph identification card with this application. Examples of such identification are: driver's license, state identification card, passport, and military identification.

For Office Use ONLY

Emergency Worker Assignment (WAC11804):			
Authorizing Signature: Local Jurisdiction:			Date:
Background Checked and approved by:	Date	RMS	DOL
Registration Number:	Date:		