## AUXILIARY EMERGENCY COMMUNICATONS

###### GRAYS HARBOR COUNTY

#### CODE OF ETHICS

**As a member of Auxiliary Emergency Communications (AEC), I acknowledge and will strive to embody the term “Auxiliary Emergency Communicator” and “Back up Emergency Communicator”**.

**I have a moral obligation to those in need, public agencies and other State Emergency Workers with whom I work. I shall endeavor to guard their interests honestly and deal with them fairly, wisely and in an efficient, proper manner.**

**I will be mindful that my actions represent the unit to both those who also perform emergency communications duties, the Grays Harbor County Emergency Management (DEM) office and the community at large and will act with tact and diplomacy respecting the confidentiality of information I receive.**

**I will not discredit members of other teams, units or other State Emergency Workers. I will not seek to resolve issues that may arise through a public forum, but rather through the appropriate chain of command.**

**If another person does or says something, which is offensive to me, I will first try to resolve directly with that person and if that fails, I will discuss the matter with one or more of my unit’s officers.**

**I will honor the cultural, political, religious and racial diversity of all people and treat them with dignity and respect. In no way will such differences interfere with my assigned duties.**

**I will remember that personal goals are secondary to the needs of those in need.**

**I will honestly represent my abilities and limitations to requesting agencies and other teams with whom we deploy. I will continuously work to improve my personal knowledge and skills and will willingly share such information with others in the spirit of cooperation. I will assess risks accordingly and not place others or myself in unnecessary jeopardy.**

**I am aware of AEC’s expectation that I participate in a sufficient amount of unit training’s.**

**That I understand I shall not represent AEC or the DEM office in any manner with out the expressed permission of the Emergency Management Manager. Moreover, while representing AEC I will not participate in any activity without a state mission/training number.**

**My signature below constitutes my personal affirmation of responsibility to discharge these obligations.**

**Agreed To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_