



## Warren County Radio Amateur Civil Emergency Service Application



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text Ok? Yes/No

Email Address: \_\_\_\_\_

Are you a US Citizen: Yes\_\_ No\_\_ Are you over 18? Yes\_\_ No\_\_ Driver's License #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Amateur Call: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Affiliations (ARRL, MARS, NTS, SYWARN, CAP, etc.): \_\_\_\_\_

Operating Modes (CW, HF-DIGITAL, VHF-PACKET, SSTV, ATV, SATELLITE, WINLINK, etc.): \_\_\_\_\_

Radio Equipment: Portable Power\_\_\_ Mobile\_\_\_ Portable\_\_\_ Portable Computer\_\_\_ Modem\_\_\_

Equipment or skills that you possess that might be helpful in times of an emergency: \_\_\_\_\_

Completion of the most current version of the following Federal Emergency Management Agency (FEMA) Independent Study Program courses is required within one year of joining RACES.

IS 100.c(6/25/2018) – Introduction to the Incident Command System (ICS)

IS 200.c(3/11/2019) – ICS for Single Resources and Initial Action Incidents

IS 700.b(6/25/2018) – An Introduction to the National Incident Management System (NIMS)

IS 800.d(5/6/2020) – National Response Framework, An Introduction

If you have already taken these courses, please provide a copy of your certificate. If you have taken earlier versions of these courses, you must take the latest version, as indicated by the date next to the course #.

I hereby apply for membership in the Warren County Radio Amateur Civil Emergency Service (RACES). I understand that, as a RACES member, I may have access to confidential information and secure sites, and will be serving on behalf of Warren County. I understand that the information I have submitted in this application will be verified, and I hereby authorize the Warren County Office of Emergency Services to conduct a background check to verify my qualifications for membership. If accepted, I understand that my membership may be revoked at any time by Warren County Office of Emergency Services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Warren County Radio Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Warren County Office of Emergency Services

\_\_\_\_\_  
Date