



Radio Amateur Civil Emergency Service Alachua County, FL Application and Registration RACES Communicator



Personal Information

Type or Print Legibly

Last Name	First Name	MI	FCC Call Sign
Home Street Address (Incl. Appt #)	City	State	Zip Code
Home Phone	Work Phone	Mobil Phone	Other
Email Address, Personal		Email Address, Work	
Amateur Radio License Class		Expiration Date	

Training and Qualifications

List your formal EmComm-related training below. Examples include ARRL Classes, FEMA, CERT, Skywarn, Etc.

I-100, Introduction to ICS
 IS-700, Introduction to NIMS
 ARRL, EC-001

Equipment and Emergency Preparedness

Band or Mode	Indicate each position from which you can operate:	Can you operate your station without commercial power?
HF	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Portable	<input type="checkbox"/> Yes <input type="checkbox"/> No
VHF/UHF	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Portable	If yes, indicate how you operate without commercial power? <input type="checkbox"/> Generator <input type="checkbox"/> Battery
Digital	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Portable	<input type="checkbox"/> Generator <input type="checkbox"/> Battery

Emergency Availability

Are you available for 24-hour call?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not available for 24-hour call, are you available for:	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekend
Can you be contacted at work, if necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Skills

<input type="checkbox"/> Antennas	<input type="checkbox"/> Radio Technician	<input type="checkbox"/> Medical First Responder
<input type="checkbox"/> Towers	<input type="checkbox"/> Electronic Technician	<input type="checkbox"/> NTS
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Licensed Electrician	<input type="checkbox"/> NET Control
<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Cardio-Pulmonary Resc.	<input type="checkbox"/> Other:

*Please fill out both sides completely
Side 1 of 2*



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RACES Mission

RACES is an organization of amateur radio operators who volunteer their services to help provide communications for local agencies in times of emergency. RACES is authorized by ***Title 47, Code of Federal Regulations, Chapter 1, Part 97-Amateur Radio, Subpart E-Providing Emergency Communications.***

Specifically, “RACES is sponsored by local or state government with a civil defense council who adopts a RACES Plan, appoints a RACES Officer and establishes a RACES Unit”.

RACES Participant Agreement

I understand and agree to comply with all Alachua County RACES Program Guidelines. I accept responsibility for any RACES equipment, uniforms, and identification credentials issued to me by Alachua County. I agree to return any and all issued equipment, uniforms and credentials in the event my participation in the RACES Program is terminated for any reason. I agree to complete the mandatory training requirements and will attain certifications in:

- IS-700, Introduction to the National Incident Management System (NIMS)
- IS-100, Introduction to the Incident Command System (ICS)
- ARRL, Level 1 Emergency Communications (EC-001) course

I understand that my participation will be subject to a 90-day probationary period during which I will complete all required training and attain all required certifications. I may be assigned to work under supervision during the probationary period.

Signature

Date

Return this application and indicate the attachments below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Amateur Radio License | <input type="checkbox"/> IS-700 | <input type="checkbox"/> Medical First Responder |
| <input type="checkbox"/> Radio Technician | <input type="checkbox"/> IS-100, or higher | <input type="checkbox"/> NTS |
| <input type="checkbox"/> Drivers License, or | <input type="checkbox"/> ARRL, EC-001 | <input type="checkbox"/> NET Control |
| <input type="checkbox"/> State-issued ID Card | <input type="checkbox"/> CPR | <input type="checkbox"/> Other: |