



Yavapai County ARES/RACES

Registration Form

Yavapai County Office of Emergency Management

Office Use
Only
Card Number: _____

Last Name: _____ First Name: _____
Call Sign: _____ Year First Licensed: _____ License Class: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Pager: _____
Email Address: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Social Security Number: _____

Prior ARES/RACES Experience: _____
Are you a member of any other Emergency Response Organization? _____
If yes, Name of the Organization(s): _____
In case both organizations are activated which would be your priority? _____
Have you completed any of the ARRL Amateur Radio EMCOM courses? _____
Have you completed any of the FEMA Independent Study Courses? _____
Additional Personal and/or Technical Information:

Base Station Capability (HF, 2M, etc.): _____
Mobile Capability (HF, 2M, etc.): _____
Auxiliary Power: Battery Generator Is your auxiliary power portable? Yes No

I certify that any vehicle I provide for my transportatoin to assist the Yavapai County Office of Emergency Management as a volunteer radio operator meets the State of Arizona requirements for vehicle insurance coverage and said insurance coverage is current and will continue to be current during my time of service to Yavapai County.

I further understand that all ARES/RACES applicants will be subject to a background check.

Signature _____ Date _____