



Yavapai County ARES/RACES
Yavapai County Office of Emergency Management
Registration Form

Office Use Only
Card Number:

Last name:		First Name:	
Callsign:		License Class:	
Street Address:			
City, State, Zip:			
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Prior ARES/RACES Experience:			
Are you a member of another Emergency Response Organization?: yes		If so, which one? :	
In an emergency, which organization would be your priority?:			
List any ARRL Emergency Communication Courses you have completed:			
List any FEMA Independent Study Courses you have completed:			
List any other pertinent personal or technical information:			
List your Home station equipment (HF, VHF, UHF, Winlink, etc.):			
List your Mobile station equipment (HF, VHF, UHF, Winlink, etc.):			
List your auxiliary power equipment (portable battery, portable generator, etc.):			

I certify that this information is true. I certify that any vehicle I provide for my transportation 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 understand that all ARES/RACES applicants may be subject to a background check.

Signature _____ Date: _____