

**BENTON COUNTY OFFICE of EMERGENCY SERVICES
RACES
MEMBERSHIP APPLICATION**

Call: _____ Class: _____ Expiration Date: _____

Name: _____ SSN/IDN: _____

Nickname: _____ Spouse's Name: _____

Mailing Address: _____

Telephone: (Home) _____ (Work) _____ (Other) _____

DOB: _____ Occupation: _____

Employer: _____

Availability for ES: Day (8am-4pm) _____ Evening (4pm-12M) _____
Night (12M-8am) _____ All _____ Varies _____

Frequencies normally monitored: _____

Bands/Modes you can operate: _____

Can your home station operate without commercial power? Yes ___ No ___

If yes, please explain: _____

Type of transportation available for your use:

- Car Van RV Motorcycle Truck FWD ATV

Experience/Training

1. Traffic handling _____
 CW Phone Packet Net Control Operator

2. Net Operations _____

3. Disaster Training _____

4. Disaster Communications _____

5. Severe Weather Spotter _____

6. Damage Assessment _____

7. ICS _____

8. Other _____

I understand that the above information is needed for my Personnel File for Benton County OES. I voluntarily submit this information, and it is true and complete to the best of my knowledge.

Signature

Date



BENTON COUNTY OFFICE of EMERGENCY SERVICES

215 East Central, #7 • Bentonville, Arkansas 72712

501-271-1004

Instructions:

1. Complete this form for each volunteer in your organization.
 2. Return the original form to Benton County Office of Emergency Services (OES).
 3. Maintain a copy for your file of registered volunteers.
 4. Please print or type everything except the signature at the bottom of the form.
 5. **Class of Service** will be assigned by Benton County OES, based upon the individual's training and qualifications. Please **DO NOT WRITE** in this space.
-

EMERGENCY SERVICES VOLUNTEER LOYALTY OATH

Name _____ **SSN/IDN** _____

Complete Mailing Address _____

Telephone Number(s) _____

Class of Service Assigned _____

(As per Act 511 of 1972, as amended:)

"I, _____, do solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of Arkansas, against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion and that I will well and faithfully discharge the duties upon which I am about to enter."

(Witness)

(Signature)

(Witness)

(Date)

* Please list all training and special qualifications on Personnel Application Form.