



# 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

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## 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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Alachua County, FL  
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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:                  |