



Radio Amateur Civil Emergency Service Alachua County, FL

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	Mobile Phone	Other
Email Address, Personal	Email Address, Work		

APPLICANT STATEMENT

I understand that, in connection with my volunteer service with Alachua County Fire Rescue (ACFR), I may be authorized to have access to restricted areas of operations. Thus, the County will make investigative inquiries to various local, state and federal agencies, to determine and report upon my criminal history, if any.

I, the undersigned, authorize investigation of all statements contained in my RACES application as well as a police background investigation and fingerprinting. I understand that my omission or misrepresentation of facts is cause for ACFR to reject my application and/or to dismiss me from the RACES program.

I further authorize any person, organization, or agency contacted by or on behalf of the County, to release any such information concerning my criminal history and consent to the use of any such information provided to the County with respect to my application. I further authorize ongoing procurement of the above mentioned reports at any time during my tenure as a volunteer.

As long as I provide the proper identification and pay the requisite fees, I have the right to request from the company making applicant background check for the County, any information the company has in its records about me at the time of my request.

I understand that all ACFR material and/or equipment issued to me is the property of Alachua County and must be returned to ACFR at any time upon request by ACFR and prior to my release from RACES. I further understand that failure to return the County's property upon request, termination or release from RACES, may constitute a third degree felony punishable by up to five years in jail, a \$5,000 fine and restitution.

I, the undersigned, agree to abide by all rules and regulations established by the RACES, and swear that the information in my application is true to the best of my knowledge.

Signed: _____ **Date:** _____
(Applicant's Signature)

Approved: _____ **Date:** _____
(Director's Signature)