

**MONROE COUNTY ARES / RACES GROUP**

**Amateur Radio Emergency Service / Radio Amateur Civil Emergency Service**

**NEW MEMBER APPLICATION** [for ARES RACES both]

**UPDATE** of previous information [for ARES RACES both]

Information on this side for either/both ARES and/or RACES application.

Be sure to complete page 2 if applying for RACES membership.

Please print:

Today's Month Day Year FCC Callsign \_\_\_\_\_ Month Day Year Class

Date: \_\_\_\_\_ License expires: \_\_\_\_\_

Name: Title Last Suffix First Middle

Street Address Date-of-Birth

City State Zipcode County

**In case of emergency, notify: Name:**

Street Address

City State Zipcode Telephone ( ) -

**Telephone: Home** ✓ call in emergency?

( ) - Yes No

Work Telephone Yes No

Other ( Cell or Pager) Yes No

( ) - Yes No

Other ( Cell or Pager) Yes No

( ) - Yes No

**Amateur Radio Affiliations/Memberships**

- ✓ all that apply
- ARRL Mon Cty Rptr Assn
- ARES RACES
- BARC **VE** ARRL Other
- IUARC W9WIN Rptr Group
- Other (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**E-Mail Address** @ \_\_\_\_\_ Internet at home? Yes No

**Any physical limitations?**

**Modes / Bands** ✓ check all bands / modes you can operate with your equipment

	160	80-75	40	20	15	12	10	6	2	220	440	Other (list)
Mobile												
Fixed												
CW												
AM												
FM												
SSB												
PSK-31												
Packet												

Packet Node Name \_\_\_\_\_ on \_\_\_\_\_ Frequency

APRS \_\_\_\_\_ on \_\_\_\_\_ Frequency

Operate HF without commercial power? Yes No UHF/VHF? Yes No

Specialized Training (PSTI Courses, SKYWARN, Red Cross, etc.):

Information on this page is required if applying for RACES membership. Be sure to complete page 1 if applying for or updating RACES or ARES. Please print (except where signature is needed):

Permission for background and security check:            Yes            No    If 'No,' why?

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[EMA will contact for information and clearance prior to making a check.]

**Applicant's Signature:**     **Date**

**Emergency Management Oath (IAW Indiana Title 10)**

10-4-1-20 Employees: Subversive activities: Oaths

Sec. 20. (a) No person shall be employed or associated in any capacity in any emergency management organization established under this chapter who:

- (1) Advocates a change by force or violence in the constitutional form of government of the United States or the overthrow of any government in the United States by force or violence; or
- (2) Has been convicted of or is under indictment or information charging any subversive act against the United States.

(b) Each Individual who is appointed to serve in an organization for emergency management shall, before entering upon the individuals duties, take an oath, in writing, before a person authorized to administer oaths in this state, which oath shall be substantially as follows:

"I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Indiana 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. And I do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates, the overthrow of the government of the United States or of this state by force or violence; and that during such time as I am a member of the Indiana State Emergency Management Agency I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of this state for force or violence."

- (c) For the purpose of this section, the director and the county emergency management directors:
  - Shall be authorized to administer the oath provided in subsection (b) to emergency management and disaster personnel; and
  - May delegate that authority to designated deputies and assistants as may be approved by the director

[sign upon taking oath]     **Date**

===== **Monroe County EMA / SEMA Use Only** =====

<b>Monroe County EM Director</b>		<b>Date</b>			
<b>Monroe County RACES Officer</b>		<b>Date</b>			
<b>Security Check completed by:</b>		<b>Oath given</b>			
<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>	<b>Signature:</b>			
<b>Date SEMA Identification card issued:</b>					
<b>SEMA Ham Team member processing applicaion:</b>		<b>Date:</b>			
<b>Accepted and authorized by:</b>		<b>Date:</b>			
	SEMA Communications Director				