



# SCHOHARIE COUNTY RADIO AMATEUR CIVIL EMERGENCY SERVICES APPLICATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_\_ CALL \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

License Class \_\_\_\_\_ Expires \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Information:

(Please check boxes  for numbers you do not want listed on any distributed roster)

Voice (\_\_\_\_) \_\_\_\_\_  (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_  (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_  (\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_  (\_\_\_\_) \_\_\_\_\_

Mobile Email/Text: \_\_\_\_\_

Home/Work Email: \_\_\_\_\_

Other Volunteer or Emergency Services Affiliations: \_\_\_\_\_

Military Branch and Status: (active/past/reserves/none) \_\_\_\_\_

US Citizen?  Yes  No Occupation: \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe bands/modes you have currently available for fixed, mobile and portable amateur operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INDIVIDUAL TRAINING SUMMARY

### DHS Training Completed

*Incident Command System (ICS) a.k.a. National Incident Management System (NIMS):*

ICS-100     ICS-200     ICS-300     ICS-400     ICS-700     ICS-800

### DHS Training – ICS Communications Unit Positions

*Communications Unit Technician (COMT)*

- Class Certificate
- Workbook done & State Certified

*Communications Unit Leader (COML) Class Certificate*

- Class Certificate
- Workbook done & State Certified

*Auxiliary Communications (AUXC)*

- Course Certificate
- Workbook done & Certified

*Communications Unit (COMU) or Other:* \_\_\_\_\_

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*ARRL EC-001 Introduction Course*

- Course Completed
- Task book done & EC Certified

*ARRL EC-016 Emergency Communications for Managers Course*

*ARRL PR-101 Public Relation for Radio Amateurs Course*