



Police Departments

Cities of:

Seal Beach

And

Los Alamitos

(Form version 22 August 2009)



DISASTER COMMUNICATIONS OPERATOR (RACES) REGISTRATION

(Print Legibly or Type)

LAST NAME		FIRST NAME		MIDDLE NAME		DRIVER LICENSE #	
HOME STREET ADDRESS						HOME PHONE #	
CITY				STATE		ZIP	
EMPLOYED BY						WORK PHONE #	
BUSINESS ADDRESS			CITY		STATE		ZIP
DATE OF BIRTH		PLACE OF BIRTH		CITIZENSHIP	NATURALIZED	DATE & PLACE	
AGE	SEX	HEIGHT	COLOR HAIR	COLOR EYES	BLOOD TYPE	VETERAN	MILITARY STATUS
CALLSIGN AND LICENSE CLASS			YOUR SIGNATURE			DATE	
E-MAIL ADDRESS			ALT E-MAIL ADDRESS (if any)			CELL PHONE #	

YOUR RACES OPERATIONS CAPABILITY

Bands on which you can you operate (enter transmitter output power in appropriate boxes):

	80-10m SSB	10m FM	6m FM	2m FM	220MHz	440MHz
HOME						
AUTO						
HAND HELD						

Do you have emergency power generation at your home? YES ___ NO ___

(Office use for record keeping)

EQUIPMENT ISSUED	ID CARD ISSUED	CRIMINAL RECORD CHECK	BACKGROUND CHECK
------------------	----------------	-----------------------	------------------

EMERGENCY NOTIFICATION INFORMATION

IN THE EVENT OF ACCIDENT OR INJURY, PLEASE NOTIFY THE FOLLOWING:

First Choice:

NAME	RELATIONSHIP	HOME PHONE #	WORK PHONE #
STREET ADDRESS	CITY	STATE	ZIP

Second Choice:

NAME	RELATIONSHIP	HOME PHONE #	WORK PHONE #
STREET ADDRESS	CITY	STATE	ZIP

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position as a Disaster Communication Operator (RACES) with the Cities of Seal Beach and Los Alamitos, I am required to furnish information for their use in determining my qualifications. I authorize release of any information that you may have relative to my integrity and suitability for participation in RACES (Radio Amateur Civil Emergency Service).

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested. This release will expire 60 days after the date signed.

I understand that this background investigation may include Driver License and Criminal History checks.

Signed: _____

Date: _____

DISASTER COMMUNICATIONS OPERATOR

LOYALTY OATH

(Under C of C Sec 2015.5)

Name _____
Volunteer

Date _____

LOYALTY OATH OR AFFIRMATION (Govt. Code Sec. 3102)

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 California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. I Certify under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Official

Title

Signature of Volunteer

The Official responsible for the maintenance and protection of this information, and the location where filed, are shown below:

Official responsible:

RACES Coordinator, Seal Beach Police Department
Telephone (562) 799-4100 x1145

Location where filed:

Seal Beach/Los Alamitos RACES
Seal Beach Police Department
911 Seal Beach Blvd.
Seal Beach, CA 90740