



Kalamazoo County R.A.C.E.S.
Membership Application

Personal Data:

Last Name: _____ First: _____ Middle: _____
Home Address: _____ City: _____ Zip: _____
Drivers License#: _____ State: _____ Expiration Date: _____
Social Security # (Confidential, for background investigation purposes only): _____
Date of Birth: _____ City: _____ State: _____
Call Sign: _____ License Class: _____ Expires: _____
Phone (Home): _____ Phone (Work): _____ Phone (Other): _____
Email: _____ Occupation: _____ Employer: _____

Operational Data

Bands/Modes you can operate on (with your current equipment and license): Base _____
Mobile _____ Portable _____
Do you have emergency power capabilities?: (Generator) _____ Battery Backup _____
Can you be contacted 24 hrs a day if necessary? ____ (Y/N)
If no, what hours can we contact you? _____
Primary Vehicle Information: (Used for safety and Law enforcement during activations)
Make: _____ Model: _____ Color: _____ License Plate: _____
Please list any special qualifications you may have that could be utilized during an emergency activation:



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Emergency Contact Information:

Primary Name: _____ Relationship: _____ Primary Phone _____
 Secondary Phone _____ Other _____
 Secondary Name: _____ Relationship: _____ Primary Phone _____
 Secondary Phone _____ Other _____

I understand that Kalamazoo County R.A.C.E.S (KCR) is a 100% volunteer organization with its primary served agency being the Kalamazoo County Office of Emergency Management (OEM). I understand as a KCR member that my activities will have a direct reflection on the Kalamazoo County Office of Emergency Management and I will always endeavor to represent the agency with the utmost professionalism and courtesy. With this application I give consent to have all necessary and applicable background investigation reports to be run by the Kalamazoo County Sherriff's Department and its designates and the results provided to the Kalamazoo County Office of Emergency Management. If my application is approved I agree to abide by all KCR/OEM regulations, policies and procedures. I understand that failure to abide by KCR/OEM regulations policies and procedures may be grounds for revocation of membership. If my membership is revoked or I voluntarily terminate my membership I agree to return all identification materials, equipment or any other items issued for my use by KCR/OEM.

Applicant Signature: _____ Date: _____

KCR/OEM Use Only

Applicant Approval by Kalamazoo County Emergency Manger: _____ Date: _____

Stipulations or restrictions: _____

Applicant Approval by KCR Emergency Coordinator: _____ Date: _____

Stipulations or restrictions: _____