



City of Huntington Beach  
Radio Amateur Civil Emergency Services Application  
(RACES)



Personal Data				
LAST NAME	FIRST	MI	CALL SIGN	RD (OFFICE USE)
ADDRESS	STREET	APT #	CA DRIVERS LICENSE	RACES ID # (OFFICE USE)
CITY	STATE	ZIP	SOCIAL SECURITY NUMBER	CERT MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME TELEPHONE	WORK TELEPHONE	SEX	HAIR COLOR	EYE COLOR
CELLULAR/PAGER	EMAIL	HEIGHT	WEIGHT	
NEW OR RENEWAL APPLICATION? <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	IF RENEWAL, DATE FIRST ACCEPTED	DATE OF BIRTH	PLACE OF BIRTH	
PREVIOUS ADDRESS IF LESS THAN TWO YEARS			EMERGENCY NOTIFICATION	
ADDRESS	STREET	APT #	NAME	TELEPHONE
CITY	STATE	ZIP	ADDRESS	

Employment Data				
EMPLOYER	HOW LONG		OCCUPATION	
ADDRESS	STREET	APT #	TYPE OF WORK PERFORMED	
CITY	STATE	ZIP	TELEPHONE	FAX

Military		
BRANCH OF SERVICE	FROM	TO
HIGHEST RANK ATTAINED	TYPE OF DISCHARGE	
SPECIAL TRAINING OR EXPERIENCE		

Special Training	
FIRST-AID (CIRCLE ONE) NONE    BASIC    INTERMEDIATE    ADVANCED	DATE OF LAST FIRST-AID TRAINING
CPR <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LAST CPR TRAINING
LANGUAGES SPOKEN (OTHER THAN ENGLISH)	
OTHER TRAINING	

CONTINUE ON NEXT PAGE

Office Use Only		
DATE APPLICATION RECEIVED	DATED ID CARD ISSUED	
POLICE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	POLICE PERSONNEL OFFICER
RACES <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	RACES OFFICER
EMERGENCY SERVICES <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	EMERGENCY SERVICES COORDINATOR



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Radio Information			
LICENSE GRADE	DATE FIRST LICENSED	CURRENT LICENSE EXPIRES	
<input type="checkbox"/> I DO NOT HAVE AMATEUR RADIO EQUIPMENT		<input type="checkbox"/> BACKUP POWER	<input type="checkbox"/> GENERATOR
<input type="checkbox"/> BATTERY			
I HAVE RADIO EQUIPMENT ON THE FOLLOWING BANDS (CIRCLE ALL APPROPRIATE)			
DEDICATED BASE 80 40 30 20 18 15 12 CB 10 6 2 220 MHz 440 MHz 1.2 GHz			
DEDICATED MOBILE 80 40 30 20 18 15 12 CB 10 6 2 220 MHz 440 MHz 1.2 GHz			
HANDHELD CB 6 MTR 2 MTR 220 MHz 440 MHz 1.2 GHz -- 2M/440 DUAL BAND			
LIST ANY SPECIALIZED MODES OF COMMUNICATION THAT YOU OPERATE (I.E., OSCAR, RTTY, CW, TRAFFIC HANDLING, ETC.)			
Other Information			
1. ARE YOU AFFILIATED WITH ANY OTHER AMATEUR EMERGENCY COMMUNICATIONS GROUP? IF YES, PLEASE EXPLAIN. (INCLUDE ANY PAST AFFILIATIONS, WHEN, WHERE, POSITIONS HELD, ETC.)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. ARE YOU WILLING TO PRIORITIZE HUNTINGTON BEACH RACES PARTICIPATION OVER PARTICIPATION IN OTHER AMATEUR EMERGENCY COMMUNICATION GROUPS IN TIMES OF DISASTER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. WILL YOU BE ABLE TO PARTICIPATE IN A MAJORITY OF THE HUNTINGTON BEACH RACES ACTIVITIES AND EXERCISES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. WILL YOU BE ABLE TO CHECK-IN TO THE NET EVERY MONDAY NIGHT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. ARE YOU ABLE TO LEAVE WORK TO PARTICIPATE IN A RACES EXERCISE? ARE YOU ABLE TO LEAVE WORK TO PARTICIPATE IN AN EMERGENCY CALL-OUT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. EXPLAIN, IN DETAIL, YOUR EMERGENCY COMMUNICATIONS EXPERIENCE. (USE ADDITIONAL PAGES IF NEEDED)			
7. LIST ANY EQUIPMENT THAT CAN BE USED IN ACTIVITY OR DISASTER.			
GENERATOR (TYPE)	PORTABLE ANTENNA	BEAM	COOKING EQUIPMENT
TENTS	BOAT (TYPE/CAPACITY)	RECREATIONAL VEHICLE (TYPE)	FOUR-WHEEL DRIVE (TYPE)
OTHER EQUIPMENT			
8. HAVE YOU CHECKED IN TO THE HUNTINGTON BEACH RACES WEEKLY NET? (MONDAY, 7:15 PM, 145.14 MHz (MINUS OFFSET) PL 127.3 MHz, CLOSED SYSTEM) IF SO, ON WHAT DATES? _____			
9. HAVE YOU EVER BEEN CONVICTED OF A FELONY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN. _____			



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**Agreement**

In submitting this application for an unpaid, volunteer appointment as a Disaster Worker for the City of Huntington Beach, I understand, acknowledge, and accept the following conditions:

1. My appointment is contingent upon completion of a brief, confidential background investigation to the satisfaction of the Emergency Services Office.
2. I am covered by worker's compensation ONLY while acting on behalf of the City of Huntington Beach during an officially sanctioned RACES event.
3. I must advise the City of Huntington Beach Emergency Services Coordinator immediately upon:
  - a) Any change of address or telephone number.
  - b) Any change of status which significantly interferes with my availability to serve in a volunteer capacity.
  - c) Being arrested or charged with a criminal offense.
  - d) Loss of city issued identification card or equipment.
  - e) Being injured during an officially sanctioned RACES event.
4. I understand that I shall immediately surrender any city issued equipment upon separation from the volunteer program or whenever such surrender of identification or equipment is requested by the Emergency Services Coordinator.
5. I understand that the identification card and equipment is issued to me for the purpose of gaining access to an emergency scene within the City of Huntington Beach and ONLY when my presence has been officially requested. Its use for any other purpose is strictly prohibited. I will not respond to an incident unless called.

**I hereby submit an application to the City of Huntington Beach RACES organization and authorize a law enforcement agency background check. I understand that any falsification of this document will result in immediate revocation of all RACES affiliation.**

SIGNATURE

DATE

Return this application to:

City of Huntington Beach  
 Emergency Management and Homeland Security  
 2000 Main Street  
 Huntington Beach, CA 92648