



**Miami-Dade County  
Department of Emergency Management & Homeland Security  
Amateur Radio Emergency Service (RACES) Volunteer Application**

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*Please complete the following volunteer application form. All volunteers are required to complete and sign the following document as part of the application process.*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Call Sign: \_\_\_\_\_ DL #: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Contact in an Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**I. Skills and Interests**

Education: Degree \_\_\_\_\_ Institution \_\_\_\_\_  
Dates Attended \_\_\_\_\_

Amateur License(s) held: \_\_\_\_\_

Language(s) spoken fluently: \_\_\_\_\_

Hobbies, skills, and interests:  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. Experience** (paid and volunteer, beginning with the most recent):

Position	Organization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____



**Experience (Continued):**

Position	Organization	Dates

**III. Volunteering Preferences**

Is there a particular location that you are interested in providing Amateur Radio Communications Support? (Check all that apply)

- Shelters
- The RACES Room at the Miami-Dade Emergency Operations Center.
- Divisional EOC's.
- Disaster Information and Resource Center (DIRC)/Disaster Assistance Area.
- Staging area for HAM's coming from outside of the county
- County Departments
- Other: \_\_\_\_\_

Availability (days and hours):

\_\_\_\_\_

Are you available during an emergency?

\_\_\_\_ Yes \_\_\_\_ No

If "No" please describe your limitations.

\_\_\_\_\_

**IV. References**

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

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



**V. Verification and Consent for Reference and Background Check**

I verify that the above information is accurate to the best of my knowledge.

I give Miami-Dade County, Department of Emergency Management & Homeland Security permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Miami-Dade County.

I hold Miami-Dade County harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Miami-Dade County will use this information only as part of its verification of my volunteer application.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Last 4 of Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## Department of Emergency Management & Homeland Security Volunteer Skill Survey

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Name \_\_\_\_\_ Address \_\_\_\_\_

Please indicate the areas that apply to you and return this survey to the Volunteer Coordinator.

**PLEASE CHECK ANY OF THE FOLLOWING IN WHICH YOU HAVE EXPERTISE & TRAINING. CIRCLE YES OR NO, WHERE APPROPRIATE.**

- |  |   |   |                    |
|--|---|---|--------------------|
| _____ First Aid (current card yes/no)                      | _____ CPR (current yes/no)                      | _____ Triage  | _____ Firefighting |
| _____ Construction (electrical, plumbing, carpentry, etc.) |   | _____ Running/Jogging                                   |                    |
| _____ Emergency Planning                                   | _____ Emergency Management                      | _____ Search & Rescue                                   |                    |
| _____ Law Enforcement                                      | _____ Bi/Multi-lingual (what language(s) _____) |   |                    |
| _____ Mechanical Ability                                   | _____ Structural Engineering                    | _____ Bus/Truck Driver<br>(Commercial Driver's License) |                    |
| _____ Shelter Management                                   | _____ Survival Training &<br>Techniques         | _____ Food Preparation                                  |                    |
| _____ Ham Radio Operator                                   | _____ CB Radio                                  | _____ Journalism  |                    |
| _____ Camping  | _____ Waste Disposal                            | _____ Recreational Leader                               |                    |

DO YOU HAVE EQUIPMENT OR ACCESS TO EQUIPMENT OR MATERIALS THAT COULD BE USED IN AN EMERGENCY? \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE LIST EQUIPMENT AND MATERIALS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_