

# **ONTARIO COUNTY RACES INSTRUCTIONS ON LINE APPLICATION**

1. DOWNLOAD AND/OR PRINT APPLICATION
2. PLEASE WRITE LEGIBLY (ONE LETTER WE CAN'T READ IN YOUR DOB, OR CALLSIGN, OR EMAIL ADDRESS WILL CAUSE MUCH TROUBLE)
3. SIGN
4. MAIL TO

ONTARIO COUNTY ATTORNEY  
COURTHOUSE  
27 NORTH MAIN STREET  
CANANDAIGUA, NY 14424

5. OR FAX TO 585 396 4481
6. BE PATIENT:
  - a. SHERIFF'S BACKGROUND INVESTIGATION UNIT WILL DO LIMITED REVIEW AS SOON AS POSSIBLE. WE ARE NOT THEIR TOP PRIORITY.
  - b. RESULTS WILL BE FORWARDED TO EMERGENCY MANAGEMENT DIRECTOR (EMD) WHO MAY CONTACT YOU IF HE HAS ANY QUESTIONS
  - c. EMD-APPROVED APPLICATIONS WILL BE FORWARDED TO HUMAN RESOURCES OFFICE AND TO RADIO OFFICER SCOTT TERESI N2UMH AND/OR JOHN PARK WA2SSJ.
  - d. YOU WILL BE NOTIFIED OF APPROVAL, AND ASKED TO VISIT ONTARIO COUNTY HUMAN RESOURCES OFFICE, 3019 COUNTY COMPLEX DRIVE, HOPEWELL CAMPUS, FOR PHOTO ID, REFLECTIVE VEST, AND POWERPOLE CONNECTORS.
  - e. MEANWHILE, MEETINGS ARE OPEN TO ALL (2D WEDNESDAYS, 7 PM, SAFETY TRAINING FACILITY, 2914 CR 48, CANANDAIGUA), AS IS THE WEEKLY NET. PLEASE JOIN US....

**ONTARIO COUNTY  
RADIO AMATEUR CIVIL EMERGENCY SERVICE  
APPLICATION**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_  
CELL/PAGER \_\_\_\_\_ OTHER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ UNITED STATES CITIZEN? YES or NO

MILITARY STATUS (NONE) (ACTIVE) (RESERVE) (VETERAN) (NATIONAL GUARD)  
BRANCH: \_\_\_\_\_

DRIVER'S LICENSE? YES or NO STATE: \_\_\_\_\_ CLASS \_\_\_\_\_ ID# \_\_\_\_\_

AMATEUR CALL \_\_\_\_\_ CLASS \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
FCC COMMERCIAL LICENSE? \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AFFILIATIONS: (ARRL) (MARS) (NTS) (SKYWARN) (CAP) OTHER: \_\_\_\_\_

EMERGENCY EQUIPMENT: MOBILE \_\_\_\_\_ PORTABLE \_\_\_\_\_ EMERGENCY POWER \_\_\_\_\_

LIST ANY SPECIAL EQUIPMENT OR SKILLS YOU POSSESS THAT MIGHT BE HELPFUL  
IN TIMES OF AN EMERGENCY: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

I hereby apply for membership in the Ontario County Radio Amateur Civil Emergency Service. I understand that, as a RACES member, I may have access to confidential information and secure sites, and will be serving on behalf of Ontario County. I understand that the information I have submitted in this application will be verified, and I hereby authorize the Ontario County Sheriff to conduct a background investigation for the purpose of determining my fitness for membership. If accepted, I understand that my membership may be revoked at any time by the Ontario County Director of Emergency Management.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE - - - OFFICIAL USE ONLY

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I CERTIFY THAT \_\_\_\_\_ IS AN ENROLLED VOLUNTEER AND HAS  
AN EMERGENCY ASSIGNMENT IN ONTARIO COUNTY EMERGENCY MANAGEMENT.

\_\_\_\_\_  
ONTARIO COUNTY DIRECTOR OF EMERGENCY MGMT (signature)

\_\_\_\_\_  
DATE

White: OC EMO

Yellow: RO

Pink: Member