****

**Clatsop County Emergency Management**

**AuxComm/CERT Volunteer Application**

**Thank you for your interest in volunteering with Clatsop County. Volunteers must be at least 16 years old. Please take a few moments to provide the following information:**

*Please Print:*

Full Name: Click or tap here to enter text.

Home or  Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Choose an item. Zip: Click or tap here to enter text.

Cell or  Landline Phone Number: Click or tap here to enter text. Text Number: Click or tap here to enter text.

E-mail:Click or tap here to enter text. Driver’s license?  Yes  No

How do you want to be notified: Primary Method Choose an item. Secondary Method: Choose an item.

**Please check the kind of volunteer job(s) that interest you:**

Auxiliary Communications (AuxComm)

Community Emergency Response Team (CERT)

**Current Organizational Memberships:**

AuxComm (Auxiliary Communications)

CERT-Clatsop County

CERT-Cannon Beach

Emergency Management/ EOC Volunteer

SEARC (Sunset Empire Amateur Radio Club)

STARS (Seaside Tsunami Amateur Radio Society)

WHO (Coastal Women Ham Operators)

Search & Rescue (Clatsop County Sheriff’s Office)

DART (Cannon Beach-Disaster Animal Response Team)

MRC (Cannon Beach-Medical Reserve Corps)

American Red Cross

**FEMA Training taken:**

**Computer Courses:**  IS 100  IS 200  IS 700  IS 800  IS 2200

**Classroom C**ourses:  ICS 300  ICS 400  G191  G2300

**Other Training Courses**:  Click or tap here to enter text.  Click or tap here to enter text.

Click or tap here to enter text.  Click or tap here to enter text.

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

**Clatsop County-Community Emergency Response Team Equipment & Training:**

**Equipment:**  CERT T-Shirt  CERT Jacket  CERT Hat  CERT Backpack  Personal Go Kit

GMRS Radio with CERT frequencies (Please provide your call sign below under “GMRS Call Sign” if you have one)

**Training:**  IS-317 Intro to CERT  0427- CERT Basic Training  0428- CERT Train the Trainer

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

**AUXCOMM:**

**AUXCOMM Equipment:** (AUXCOMM members only)  Polo Shirt  All Weather Coat  Hat  T-Shirt

**Amateur Radio Experience:**

HF  VHF  UHF  Packet (WinLink)  Pactor

EchoLink  CW (Morse Code) WPM Click or tap here to enter text.

Net Control (Nets) Click or tap here to enter text.

Other Click or tap here to enter text.

**Amateur Radio Training Courses:**

FEMA AUXCOMM  FEMA COM L  FEMA COM T  Oregon ACES-Basic  Oregon ACES-Advance

**ARRL Training Courses:**

Older ARRL Courses: E-COMM 1  E-COMM 2  E-COMM 3  EC-001-S  EC-016  PR-101

New ARRL Course:  Basic EmComm  Intermediate EmComm  Advance EmComm

**Other Radio Information: (Check all that applies)**

**Radio Call Signs:**

Amateur Radio Call Sign: Click or tap here to enter text. Expiration Date: Click or tap to enter a date.

GMRS Radio Call Sign: Click or tap here to enter text. Expiration Date: Click or tap to enter a date.

**Radio Equipment & Training: (Check all that applies)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Radio** | **Band/Mode** | | | | | | | | | | | | |
| **Equipment** | 10M | 6m | 2m | 1.25m | 70cm | HF | FRS | GMRS | MURS | NOAA | Digital | Echolink | APRS |
| Handheld |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Base |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Other Equipment:**

Emergency Power-Battery  Solar Power  Other Emergency Power Source  4-Wheel Drive Vehicle  Radio Go Kit  Personal Go Kit

**Please briefly describe your pertinent experience and/or training. (Having no previous experience or training will not disqualify you from volunteering.):**

Click or tap here to enter text.

**Please list any reasonable accommodations needed for you to perform volunteer work:**

Click or tap here to enter text.

Please be advise that as a volunteer, you may be asked to participate with local events, but may be asked to respond to disasters or hazardous incidents that might require you to work outside the normal 8-5 business day & hours. During these times, you may be expected to do rigorous activities you normally would not do in your daily life. While we make every effort to work around a person’s ability, we cannot guarantee accommodations for all your needs.

**Please be advised that if you volunteer to work with the county, a background investigation may be required prior to your application being approved.**

**My electronic signature below affirms that all information is true and correct to the best of my knowledge and that I understand any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my acceptance as a volunteer with the county, may result in my dismissal. Information I provide on this application may become part of the public record.**

**Volunteer’s Signature:**



**Forward this completed form to Clatsop County Emergency Management, Attn: Mike Neelon, 800 Exchange St. Ste 410, Astoria OR 97103, or email it to clatsopemd@clatsopcounty.gov .**

**HUMAN RESOURCE USE ONLY:**

**Application: Accepted**   **Denied**  **Assigned**   **Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Placed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**