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**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:*

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\_\_\_\_\_\_\_

[ ]  Home or [ ]  Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  Cell or [ ]  Landline Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s license? [x]  Yes [x]  No

How would you like to be notified?

Primary: [ ]  Phone [ ]  Text [ ]  Email Secondary: [ ]  Phone [ ]  Text [ ]  Email

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

[ ]  Auxiliary Communications (AuxComm)

[x]  Community Emergency Response Team (CERT)

**Current Organizational Memberships:**

[x]  AuxComm (Auxiliary Communications)

[x]  CERT-Clatsop County

 [x]  CERT-Cannon Beach

[x]  Emergency Management/ EOC Volunteer

[ ]  SEARC (Sunset Empire Amateur Radio Club)

[x]  STARS (Seaside Tsunami Amateur Radio Society)

[x]  WHO (Coastal Women Ham Operators)

[x]  Search & Rescue (Clatsop County Sheriff’s Office)

[ ]  DART (Cannon Beach-Disaster Animal Response Team)

[ ]  MRC (Cannon Beach-Medical Reserve Corps)

[x]  American Red Cross

**FEMA Training taken:**

**Computer Courses:** [ ]  IS 100 [x]  IS 200 [x]  IS 700 [x]  IS 800 [x]  IS 2200

**Classroom C**ourses: [ ]  ICS 300 [x]  ICS 400 [x]  G191 [ ]  G2300

**Other Training Courses**: [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Community Emergency Response Team Equipment & Training:**

**Equipment:**

[ ]  CERT T-Shirt [x]  CERT Jacket [ ]  CERT Hat [ ]  CERT Backpack [x]  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 [x]  All Weather Coat [ ]  Hat [ ]  T-Shirt

**Amateur Radio Experience:**

[ ]  HF [x]  VHF [x]  UHF [x]  Packet (WinLink) [x]  Pactor

[x]  EchoLink [x]  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 [x]  E-COMM 2 [x]  E-COMM 3 [x]  EC-001-S [x]  EC-016 [ ]  PR-101

New ARRL Course: [ ]  Basic EmComm [x]  Intermediate EmComm [x]  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.):**

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

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

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

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** [x]   **Denied** [x]  **Assigned** [x]   **Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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