



**Orange County**  
**Department of Emergency Services**  
**Division of Emergency Management**  
**ARES/RACES**  
**Volunteer Application Form**



**Contact Information**

Name: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency  
Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Personal Information**

Date of Birth: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No (If Yes, please explain in the remarks section)

Do you have any Special Needs or Physical Limitations?  Yes  No (If Yes, please explain in the remarks section)

Present Employer : \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Phone: \_\_\_\_\_



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<b>Skills</b>
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*Please Check All Appropriate:*

Are you a firefighter?  Yes  No

If Yes, what Department?: \_\_\_\_\_

Are you an EMT or Paramedic?  Yes  No

If Yes, what Corps or Service? \_\_\_\_\_

Are you a Police Officer?  Yes  No

If Yes, what Department?: \_\_\_\_\_

Have you served on Active Duty in the Military?  Yes  No

Branch: \_\_\_\_\_ Years on Active Duty: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Occupational Specialty: \_\_\_\_\_

Are you a current member of the National Guard or Reserve?  Yes  No

Branch: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

Occupational Specialty: \_\_\_\_\_

Are you an Amateur Radio Operator?  Yes  No

If Yes, Call Sign: \_\_\_\_\_

Are you SKYWARN Certified?  Yes  No

If Yes, SKYWARN Number: \_\_\_\_\_

Are a volunteer with the American Red Cross?  Yes  No



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**Skills (Cont.)**

Have you received Incident Command System (ICS) training?:  Yes  No

If Yes, check all that apply:

ICS 100     ICS 200     ICS 300     ICS 400

IS 700     IS 800

Languages Spoken/Written: \_\_\_\_\_

Professional Licenses: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Other skills that would be of use in an emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Remarks**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Remarks (Cont.)**

If you have any questions, please contact the Division of Emergency Management at (845)-615-0400.

Please Return Application Form to:

Orange County Department of Emergency Services  
Division of Emergency Management  
22 Wells Farm Road  
Goshen, NY 10924



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**SIGNATURES & ACCEPTANCE:**

**Applicant Signature**

*I certify by this signature that all the information contained in this application and any accompanying material is true.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Orange County Radio Officer Signature**

*After completing a background check, I have determined this applicant is in compliance with and conforms to FCC and ARES/RACES rules and regulations and possesses the qualities and skills required for ARES/RACES membership. I hereby recommend this applicant be approved for Orange County ARES/RACES membership.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Orange County Deputy Commissioner Acceptance**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_