

Magic Valley RACES / ARES



Sponsored by **MVRC**



Name _____

Address _____

City _____ **County** _____

e - mail _____ **Zip** _____

Home Phone _____ **Cell** _____

Work Phone _____ **Msg.** _____

License Class _____ **Call** _____

Personal Info. DOB _____ **Hair Color** _____

Weight _____ **Ht.** _____ **Eyes** _____

List Communications Capability: HF _____

VHF _____ **UHF** _____ **LOC.RPTRS** _____

Do you have: AUX POWER _____ **BAT** _____

GENERATOR _____ **MOBILE** _____ **HT** _____

Can you be called at work if needed : _____

Signature _____ **Date** _____

Approved _____ **Date** _____

Races Liaison Officer

Approved _____ **Date** _____

County Disaster Coordinator