

**Whitley County Emergency Management
RACES Application**

Name: _____

Address: _____

County: _____ Telephone: ()- ____ - _____ Home

()- ____ - _____ Cell

Call _____

Class License _____

Civil Defense Name : Whitley County EMA Director: Catherine Broxon-Ball

Hours Available _____

Ok to call you at work: Yes _____ No _____ Work Number: ()- ____ - _____

Your Equipment:

	Equipment	VHF	UHF	HF	Owner	Power Source
1						
2						
3						
4						
5						
6						

**** (Owner) EMA, Applicant, List other

**** (Power Source) HT, Battery, Commercial, List Other

Do you have a generator? Yes _____ No _____

If so KW _____

List other equipment available for emergency use. _____

**RACES
Loyalty Oath &
Conditions of Appointment**

I DO SOLEMNLY SWEAR (OR AFFIRM) THAT I WILL SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE CONSTITUTION OF THE STATE OF INDIANA AND I WILL FAITHFULLY DISCHARGE THE DUTIES OF MY APPOINTMENT TO THE BEST OF MY ABILITY.

I fully understand that the identification card issued to me remains the property of the State of INDIANA and the issuing organization.

The identification card shall be revoked, and participation in the RACES program terminated for any improper use of the card, or may be revoked for non-participation in the program, at the discretion of the State/county/local RACES Officer and the issuing Civil Defense Organization.

Upon termination from the program, the identification card and any issued equipment shall be returned to the issuing Civil Defense organization.

I have taken the Loyalty Oath, and do understand the provisions set forth for participation in the RACES program.

Printed Name

Appointee Signature

Date

Whitley County Emergency Management Agency / Civil Defense Organization

Director Signature

Date

RACES Officer

Date

FEB 2005 CABB