



# Oneida County RACES Application

**Oneida County Emergency Services**  
**120 Base Rd**  
**Oriskany, NY 13424**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Emp. Address:** \_\_\_\_\_

**Employer Phone:** \_\_\_\_\_ **U.S. Citizen:** YES / NO

**Call Sign:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Year License Issued:** \_\_\_\_\_ **Member of:** ARRL / MARS / OTHER

**Emergency Service Member:** POLICE / FIRE / EMS / OTHER

**Emergency Service Department:** \_\_\_\_\_

**Military Status:** NONE / ACTIVE / RESERVES / NATIONAL GUARD

**Have you ever been convicted of a Felony:** YES / NO

**Circle below if you have any of the following:** HF STATION / HF MOBILE

**DUAL BAND MOBILE / DUAL BAND PORTABLE / EMERGENCY POWER**

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## CERTIFICATION

I hereby certify that the above information is true and correct, and hereby apply to be enrolled as a volunteer in Oneida County RACES.

**Applicant Signature:** \_\_\_\_\_