

# SOUTHWESTERN *REACT* OF SAN DIEGO COUNTY, INC. MEMBERSHIP APPLICATION

Please PRINT or TYPE

FULL NAME \_\_\_\_\_

ARE YOU OVER 18 YEARS OLD? [ ] YES [ ] NO\*      BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ (Optional)

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (CELL) \_\_\_\_\_

CHECK PHONE NUMBERS TO BE LISTED IN THE TEAM ROSTER      [HOME ( )] [WORK ( )] [CELL ( )]

LICENSES: AMATEUR \_\_\_\_\_ CLASS \_\_\_\_\_ GMRS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Spouse/Partner's Name (Optional) \_\_\_\_\_

Emergency Contact (Name / Phone): \_\_\_\_\_

Reason for applying to Southwestern *REACT*: \_\_\_\_\_

**WHEN SUPPLIED, THIS DATA WILL BE PRINTED ON THE ID CARDS (Check all that apply)**

FEMA / NIMS & Other TRAINING: IS-100.A\_\_ IS-200.A\_\_ IS-700.A\_\_ IS-800.B\_\_ CERT\_\_ Skywarn\_\_ EmComm\_\_

I understand that if this application is accepted, I will undergo a minimum of three (3) months of training and indoctrination including three (3) classroom sessions BEFORE being eligible for full OFFICIAL MEMBERSHIP in Southwestern *REACT*. This period is to be used for training, indoctrination and familiarization with the functions of the TEAM and the *REACT* program.

I further understand and attest: THE PUPPOSE AND FUNCTION OF THIS *REACT* TEAM IS TO MONITOR EMERGENCY RADIO FREQUENCIES including but not limited to Amateur, GMRS and CB. I understand that I may be called upon to volunteer as a *REACT* Team Member to assist Law Enforcement, Public Safety Services or Local Emergency Management Offices during a declared emergency.

I HEREBY PLEDGE AND AGREE TO ASSIST IN TEAM FUNCTIONS AND ACTIVITIES AND FOLLOW *REACT* POLICIES And PROCEDURES AS A VOLUNTEER.

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

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

\*Parent or Guardian Name and Signature if Applicant is under 18 y/o

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**DO NOT WRITE BELOW THIS LINE**

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Fees Paid: Initiation Fee \_\_\_\_\_ Dues (prorated) \_\_\_\_\_ Date moneys received: \_\_\_\_\_

Membership Committee Interview: DATE \_\_\_\_\_ Comments: \_\_\_\_\_

Indoctrination Period Stated: \_\_\_\_\_ Ends: \_\_\_\_\_ Unit # Assigned \_\_\_\_\_ Area \_\_\_\_\_

Actions: BOARD Recommends: \_\_\_\_\_ DATE \_\_\_\_\_

TEAM Approved \_\_\_\_\_ DATE \_\_\_\_\_

FULL MEMBERSHIP \_\_\_\_\_ DATE \_\_\_\_\_

**Submit Application along with \$35 Membership Dues Plus \$5 Initiation Fee (\$40 Total) at the next General Meeting or mail to:**

**Southwestern *REACT* of San Diego County, Inc., P.O. Box 632955, San Diego, CA 92163-2955**