

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 PURPOSE 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

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 _____