



State of Vermont
 Department of Public Safety
 Vermont Emergency Management



**VERMONT R.A.C.E.S.
 ENROLLMENT APPLICATION**

PLEASE PRINT OR TYPE

Name				Call Sign
Mailing Address				
City		State	Zip	
Home Phone (include area code)	Office/Other Phone (include area code)			
Date of Birth				
Class of FCC License	Date License Expires			
Physical Location (Road/Town/City)				
E-Mail Address				

OPERATING CAPABILITIES

EQUIPMENT	FIXED STATION	MOBILE	HANDHELD	PACKET
VHF-UHF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back-Up Power (Please describe)				

PLEASE READ AND SIGN

I have read and understand the statement of policy for the Vermont Emergency Management R.A.C.E.S. program and agree to abide by same. I affirm that I will be true and faithful to the United States of America and the State of Vermont and that I will not directly or indirectly do any act or thing injurious to the constitution or government thereof, under the pains and penalties of perjury.

Signed			Date
District Coordinator			Date
State Coordinator			Date
Vermont Div. Emergency Management			Date
ID Card Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued	Expiration Date	

VEM USE ONLY

Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	RACES0ALL	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID issued	<input type="checkbox"/> Yes <input type="checkbox"/> No
NCIC Background Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	VT Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID/Password	<input type="checkbox"/> Yes <input type="checkbox"/> No
DLan Database	<input type="checkbox"/> Yes <input type="checkbox"/> No	Digital Photo	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pin/Hat	<input type="checkbox"/> Yes <input type="checkbox"/> No

THIS FORM MAY NOT BE REPRODUCED



**Vermont Department of Public Safety
Building Access Request/Security Clearance/Signature Form**

*Please note: Applicant completes yellow sections. Supervisor completes pink section.
Leave green section blank.*

PERSONAL REQUIRED INFORMATION – Please fill out completely

Applicant's Section – Please fill out completely	Last Name		First Name		MI	Maiden/Alias Name	DOB (yyyy-mm-dd) ____/____/____	
	Employee #	Job Title VEM RACES Radio Operator	Department: DPS	Division: VEM	Work Location: N/A	<input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Sworn		
	Date of Hire (yyyy-mm-dd) ____/____/____		States/countries in which you have lived (in particular): CO HI IL MA MS MT NB NH RI UT WA WY					
	EMPLOYMENT STATUS: <input type="checkbox"/> Permanent <input type="checkbox"/> Part-Time <input type="checkbox"/> ID Only (no door access) <input type="checkbox"/> Retired <input checked="" type="checkbox"/> Volunteer			CARD TYPE: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Cancellation No Card-Background Check ONLY			Last 4 Digits of SSN: <u>XXX-XX-</u> _____	
	Race	Height	Weight	Eye Color	Hair Color	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

APPLICANT'S SIGNATURE

A faxed or photocopy of this consent form serves as an original copy.

By my signature below, I am asserting that the information above is accurate.

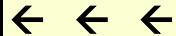
Furthermore, by my signature below, I consent to the process of a criminal history and motor vehicle records check by the Vermont Department of Public Safety. I understand that continued employment or work authorization may be denied as a result of such record checks. **I also understand that these fingerprints will be retained for periodic inspection and/or used in Criminal Investigations. Resubmissions shall be at the discretion of the Vermont Department of Public Safety and/or in accordance with FBI / CJS standards.**

With regard to criminal history information, I understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

Applicant's signature (Please use a Sharpie type felt marker in signature block to the right.)



Date: _____



AUTHORIZED ACCESS

Supervisor's Section	REQUIRED	<input type="checkbox"/> All VSP Buildings/All Readers Except Evidence Rooms (<i>Default for sworn personnel</i>)
		<input type="checkbox"/> Work Place Only (<i>Default for civilian personnel</i>)
		<input type="checkbox"/> No Building Access – Network Access ONLY (<i>Vendor/Contractor ONLY</i>)
		<input type="checkbox"/> Building and Network Access (<i>Vendor/Contractor Use ONLY</i>)
<input checked="" type="checkbox"/> Additional Access Requested - List Below (<i>Requires supervisory approval</i>):		
VEM RACES MEMBERSHIP (NO BUILDING ACCESS)		
(Supervisor's signature)		Robert Schell EMHS (Supervisor's printed name)
		(Date)

CRIMINAL RECORD CHECK CONSENT FORM - CONFIDENTIALITY STATEMENT

Official Use Only – Please do not write in this section	Criminal record information from the Vermont Criminal Information Center is being released to the undersigned with the understanding that the information will be used solely for the purpose intended by law and will not be disclosed to any person. Unauthorized dissemination or use of criminal records is punishable by a fine of up to \$5,000 (20 V.S.A. §2056c(g)).		
	(Reviewer's signature)		(Reviewer's printed name)
			(Date)
	Purpose of Check: <input type="checkbox"/> Employment <input type="checkbox"/> Contractor/Vendor <input type="checkbox"/> Building Security X Background check only Card Type: <input type="checkbox"/> DPS Card <input type="checkbox"/> BGS Card	Record Check Status: <input type="checkbox"/> FAC Submitted <input type="checkbox"/> Fingerprints Submitted <input type="checkbox"/> FAC/AC-100 and Fingerprints to VCIC <input type="checkbox"/> Notification of outcome	ID Process Checks: <input type="checkbox"/> User received card(s)? <input type="checkbox"/> Submitted to BGS on ____/____/____ <input type="checkbox"/> BGS Activated Card on ____/____/____ <input type="checkbox"/> User returned old card(s)? <input type="checkbox"/> Old Card(s) deactivated? TVT#:
			New ID Card Number(s): RF ₁ _____ RF ₂ _____ Old ID Card Number(s): RF _____



Vermont Emergency Management
RACES EMERGENCY COMMUNICATIONS PROGRAM
Radio **A**mateur **C**ivil **E**mergency **S**ervices
<http://vem.vermont.gov/programs/races>
1-800-347-0488

Statement of Policy

The purpose of RACES is to provide amateur radio operation for emergency communications purposes only, during periods of local, regional, and national emergencies.

RACES members participating in Emergency Management training or serving during times of emergency, shall be considered unpaid government employees and shall be covered by Workman's Compensation while performing such authorized duties provided such duties have been approved by the Governor pursuant to Vermont Statute Title 20 § 21.

RACES members may operate two-meter, HF, and digital equipment in place at Vermont Emergency Management during times of emergency. They may also operate base and mobile communications in the Radio Amateur Civil Emergency Service, however, it must be specifically authorized by the Emergency Management organization for the area served. While operating, amateur RACES members shall receive directions regarding their emergency communications, from the incident director or his designee. In the field, RACES personnel shall conduct their radio communications at the direction of the incident commander, their designee, or RACES NET control.

Persons enrolled as RACES members shall be issued identification as such by Vermont Emergency Management. Such identification shall be displayed upon request by a member of the Department of Public Safety or the Emergency Management organization responsible for the area being served. Identification cards will expire two years from date of issue, if not earlier revoked by Vermont Emergency Management.

RACES members shall be required to attend such training and orientation deemed necessary, by Vermont Emergency Management. They will be expected to participate in drills and exercises conducted by Vermont Emergency Management. Failure to attend training may result in the revocation of RACES membership.

Each RACES applicant shall read this policy and acknowledge on their application that s/he understands, and will abide by the policy.