

**OKLAHOMA COUNTY EMERGENCY REACT TEAM 2620
MEMBERSHIP APPLICATION**

NAME: _____ TELEPHONE: __ (____) _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(NUMBER AND STREET) (CITY, STATE & ZIP)

DATE OF BIRTH: ____ - ____ - ____ PLACE OF BIRTH _____
(MO) (DAY) (YR) (CITY) (COUNTY) (STATE)

SSAN: ____ - ____ - ____ DRIVER LICENSE _____ ISSUING ST _____ EXP DATE: _____

EMAIL ADDRESS: _____ CALL LETTERS: _____ HANDLE: _____

OCCUPATION: _____ EMPLOYER: _____

SUPERVISOR'S NAME, TITLE & PHONE _____

SPECIAL SKILLS (LIST IN ORDER OF ABILITY): _____

DO YOU HAVE A BASE? YES ___ NO ___ MOBILE? YES ___ NO ___ PORTABLE YES ___ NO ___

I AM INTERESTED IN ATTENDING FIRST AID & CPR CLASS _____ RADIO PROCEDURES _____
WEATHER WATCH CLASS _____ OTHER TRAINING _____

MEMBERSHIP IN OTHER RADIO ORGANIZATIONS? (LIST NAMES < DATES & POSITIONS HELD): _____

STATE YOUR REASONS FOR WANTING TO BE A MEMBER OF REACT: _____

HAVE YOU EVER PLEADED GUILTY TO< OR BEEN CONVICTED OF< A FELONY< OR ARE YOU PRESENTLY UNDER CHARGES OR INDICTMENT FOR ANY OFFENSE? YES ___ NO ___ (IF "YES", GIVE **COMPLETE** DETAILS ON THE BACK OF THIS SHEET OR ON ANOTHER SHEET.)

HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE (NOT COVERED ABOVE) FOR WHICH THE CHARGES WERE DISMISSED OR PROSECUTION DID NOT OCCUR? YES ___ NO ___ (IF "YES", GIVE **COMPLETE** DETAILS ON THE BACK OF THIS SHEET OR ON ANOTHER SHEET.)

DO YOU CONSENT TO AN INVESTIGATION BEING CONDUCTED THROUGH LAW ENFORCEMENT, EMPLOYERS OR OTHER ORGANIZATIONS IN CONNECTION WITH YOUR BACKGROUND & PERSONAL QUALIFICATIONS? YES ___ NO ___ IF "YES", SIGN THE AUTHORIZATION FOR RELEASE OF INFORMATION ON PAGE 2.

LIST NAMES, ADDRESSES & TELEPHONE NUMBERS OF TWO PERSONAL REFERENCES:

IF ACCEPTED FOR MEMBERSHIP IN **OKLAHOMA COUNTY EMERGENCY REACT TEAM 2620**, I AGREE TO ABIDE BY THE BY-LAWS< MEMBER HANDBOOK AND ALL OTHER REGULATIONS & GUIDELINES ESTABLISHED BY THE OFFICERS & DIRECTORS.

(Signature)

(Date)

NOTE: FALSE AND/OR INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL OF MEMBERSHIP

BECAUSE OKLAHOMA COUNTY **REACT** IS INVOLVED IN SEVERAL HIGH INTEREST EVENTS, AN APPLICANT MUST SUBMIT A COPY OF A CURRENT (NOT MORE THAN 60 DAYS OLD) OSBI BACKGROUND INVESTIGATION AND A COPY OF A CURRENT DRIVING RECORD ALONG WITH THEIR APPLICATION.

OSBI IS LOCATED AT 6600 N. HARVEY , STE. 300 , OKLAHOMA CITY , OK 73116 -7912 PHONE: 405.848.6724

DRIVER RECORDS CAN BE OBTAINED AT THE OKLAHOMA DEPARTMENT OF PUBLIC SAFETY, 3600 N. MARTIN LUTHER KING AVE. OKLAHOMA CITY , OK 73136-0415 PHONE: 405.425.2424

(continuation of answers or additional information):

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN;

I, _____, born on _____ at _____ and presently residing at _____ in _____, hereby authorize any law enforcement or other agency or organization, having knowledge or information about my background or qualifications, to release such knowledge or information to the president, **OKLAHOMA COUNTY EMERGENCY REACT TEAM 2620**, or an authorized representative, either verbally or in writing, as may be requested. This information may include, but is not limited to, performance, attendance, personal history, disciplinary, arrest, and conviction records.

I hereby release any and all organizations or individuals, including records custodians, from any and all liability for damages of whatever kind or nature, which may at the time result to me on account of compliance, or any attempt to comply with this authorization. No claim or other action, wither legal or civil, will be brought against the organization(s) or individual(s) releasing or providing information or knowledge when this authorization is presented.

I have been known by the following additional name(s): _____

A copy or reproduction of this authorization shall be as valid as the original.

(Printed Name)

(Signature)

(Date)