

Pima County Office of Emergency Management & Homeland Security
OEMComm Program
3434 E 22nd Street, Tucson, AZ 85713-2353
Phone: 520.351.3200 Fax: 520.351.3240

New Application Renewal of Membership

PIMA COUNTY OEMComm BADGE # _____

Name: _____ Date of Birth: ____/____/____ Amateur Call Sign: _____

License Class: Technician General Extra Expiration Date: Month: _____ Year: _____

Mailing & Physical Address: _____ City: _____ State: _____ Zip: _____ - _____

Home Phone:(_____) _____ - _____ Work Phone:(_____) _____ - _____ Cell Phone:(_____) _____ - _____

Email Address: _____ Occupation: _____

Emergency Skills: Antennas Towers PC Software PC Hardware Packet/Pactor/Winmor
 Electrician Electronic Tech Welder Carpenter EMT/RN/PA/NP/Doctor
 Other Skills: _____

Station Information: 160/80/40m HF Home 80/40m HF Mobile Dual Band Mobile VHF Mobile
 UHF Mobile VHF HT/HH UHF HT/HH Packet 1200 9600 Pactor
 Winmor

Alternate Power Source: Battery, AH _____ Solar, Amps/Watts _____ Generator KW _____

Type of Vehicle: _____ **Driver's License & State:** _____

Hospital Information: (Mark **two** nearest hospitals to you) Kino/UMC So. Campus Northwest
 Oro Valley Tucson Med. Center St. Mary's St. Joseph's UofA Med. Center
 VA Packet/Pactor/Winmor Work Details

Operating Preferences: EOC Hospitals TOAD Warrior Home Shadow for field operations HF
 VHF/UHF Packet/Pactor/Winmor Work Details

Personal Information: Retired Has your Amateur Radio Licenses ever been revoked/suspended/cancelled? Y N
Have you been denied membership or asked to resign from an Amateur Emergency Communications Program? Y N
Do you feel you are physically and mentally fit to participate in Amateur Emergency Communications Program? Y N
Have you ever been convicted of a felony? Y N

(A conviction record will not necessarily disqualify you from membership. Please use back to include dates and briefly explain any convictions.)

REMARKS: _____

I am applying for membership in the Pima County OEMComm Program as a volunteer for the Pima County Office of Emergency Management & Home Land Security.

Applicant's Printed Name & Signature

Date (Revised 11/20/2013)

Special Needs or Restrictions: _____

Remarks: _____

Emergency Notification Contact Information: (Please Print Legibly)

Name: _____

Relationship to member: _____

Address: _____

Phone #: Primary # (_____) _____ - _____ Home # (_____) _____ - _____ Work # (_____) _____ - _____

Cell # (_____) _____ - _____ Other # (_____) _____ - _____

Volunteer Preferences: (Use 1, 2, 3, 4, 5 for your selections below.)

Field Operations _____, Mobile Comm Platform _____, Hospital _____, EOC _____, Home Unit _____

Call-out Phone Order: Prefix with (H)=Home, (W)=Work, (C)=Cell, (O)=Other (please designate)

1) _____ 2) _____ 3) _____ 4) _____ 5) _____