

Wood County Office of Emergency Management - RACES

911 Core Road Parkersburg WV 26104 * (304) 485-3828

Registration Application - RACES

NAME: _____ CALL: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIC: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ DATE OF BIRTH: _____

AMATUER LICENSE CLASS: _____ EXPIRES: _____

WCEC UNIT # _____ EMERGENCY POWER AT YOUR STATION [] YES [] NO

Height		Weight		Eyes		Hair		Corrective Lenses	
Employer						Work Hours			
In Case of Emergency Notify						Relationship			
Address						Phone #			

Are you familiar and proficient on DAREN _____

List any Training you have received that may assist you as a RACES member:

Any Special Qualifications _____

Have you ever been convicted of a crime? [] Yes [] No If so, please describe on back.

Transportation [] Yes [] No Type: _____

Date of Application _____

Date of Acceptance: _____