



# CARTER COUNTY SKYWARN ASSOCIATION

## Membership Application



### APPLICANT INFORMATION:

First Name:			M.I.:	Last Name:			
Mailing Address:				City:	State:	Zip:	
Home Phone:		Work Phone:	Can you be contacted at work?		Cell Phone:		
Email Address:					Cell Phone Carrier:		
Date of Birth: (MM/DD/YYYY)	Valid Driver's License? (Y/N)	State of Issue:	DL#:	SSN:			
						<b>YES</b>	<b>NO</b>
Do you own a reliable vehicle?							
Do you carry at least liability insurance?							
Do you own a two way radio capable of operating on EOC frequencies?							
Are you a licensed Amateur Radio Operator? Enter Call Sign Here: _____							
Have you received any storm spotting training?							
Does this training include training from the National Weather Service?							
Do you have certificates for this training?							
If yes to the previous question, may we have a copy for your file?							
<b>If you have previous storm spotter experience, please list your prior affiliations and contact information below.</b>							
<b>Please explain your interest in being a Skywarn Storm Spotter.</b>							
<b>Please provide the names, address, and phone numbers for at least 3 individuals with whom you are acquainted.</b>							

By signing this application, you verify that the statements made within are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This area for Skywarn Use Only.					
Date Application Received:		Unit # Assigned:		Date Application Approved:	



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### Carter County Emergency Management Privacy Act Statement

General: This information provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying as volunteers to the Carter County Emergency Management Office.

Authority: Subsection 201(e) of the Federal Civil Defense Act of 1950 as amended (50 U.S.C. Appr. 2201(e); Executive Order 12148 of July 20, 1979.

Routine Uses: The SSN, DOB, and Driver's License number are used to identify the volunteers and verify qualifications. The SSN is also used in tracking training qualifications. Names, addresses, and telephone numbers are required for corresponding with volunteers and in contacting volunteers during emergencies.

Disclosure is Voluntary: Failure to provide this information may prevent acceptance as a volunteer.

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#### Carter County Emergency Management Release

I, \_\_\_\_\_ understand that to be considered as a volunteer for Carter County Emergency Management there will be a necessity to do some investigation into my background and character. I also understand that part of this investigation will be a background check which includes a Wants and Warrants Search conducted by the Carter County Sheriff's Office.

I give my full and unqualified permission for this background investigation to be done including the background and Wants and Warrants Search by the Carter County Sheriff's Office.

I also understand that a copy of this release will be used to procure information and it will stand an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_-\_\_\_\_-\_\_\_\_  
SSN

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State