2015 Genesee County R.A.C.E.S. Card Application Form

(Please Print)

Call Sign: _____ Date: _____

Full Name: _____
First **Middle** **Last**

Address: _____ City: _____ Zip: _____

Phone: _____ Driver Lic#: _____

Date of Birth: _____ Sex: _____ Race: _____

Eye Color: _____ Hair: _____ Weight: _____ lbs. Height: _____

Email Address: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone: _____

COPIES OF CERTIFICATES ATTACHED

(*Required)

☐ IS 100* ☐ IS 200* ☐ ICS 300 ☐ ICS 400

☐ IS 700 ☐ IS 800 ☐ IS 22 ☐ OTHER

Do you hold any Special Licenses/Certifications? RN EMT CDL CPL CPR

If CPL (Concealed Pistol License), CPL #: _____

Or Other Licenses: _____

Have you ever been convicted of a felony? Yes ☐ No ☐

I hereby give consent to any authorized representative from the Office of Genesee County Sheriff to obtain information pertaining to law enforcement (including, but not limited to, any record of charge, prosecution, or conviction for civil or criminal offenses).

_____ _____

Signature Date

EM Use Only ☐ Approved ☐ Denied

_____ _____

Genesee County Emergency Management Date