Northwest Iowa SKYWARN®
& Amateur Radio Emergency Services

Serving Clay, Dickinson and Emmet Counties in Northwest Iowa

VOLUNTEER APPLICATION

Position(s) You Are Applying For	*Check as many as you would like to volunteer for*		
☐ SKYWARN® Spotter	☐ Emergency Communications	☐ EOC Staff Support	☐ Damage Assessment Team

County You Reside In		
☐ Clay	☐ Dickinson	☐ Emmet

Your Information		
NAME		
PHYSICAL ADDRESS		
MAILING ADDRESS (IF DIFFERENT)		
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	
E-MAIL ADDRESS	AMATEUR RADIO CALLSIGN	
HOW DO YOU PREFER TO BE CONTACTED? (Check any) ☐ Home Phone ☐ Cell Phone ☐ E-mail		
ARE YOU WILLING TO ACCEPT TEXT MESSAGES ON YOUR CELL PHONE (FOR NOTIFICATION PURPOSES)? ☐ Yes ☐ No	ARE YOU 18 YEARS OF AGE OR OLDER? ☐ Yes ☐ No	
IF ACTIVATED DURING WORK HOURS, WOULD YOU ABLE TO RESPOND? ☐ Yes ☐ No ☐ Not Applicable		
FOR SKYWARN® SPOTTERS: DO YOU PREFER TO BE MOBILE OR SPOT FROM HOME? ☐ Mobile ☐ Home ☐ No Preference		

For Those Volunteering as a Mobile Spotter	*If you are not applying to be a mobile spotter, check N/A*
DO YOU HOLD A VALID IOWA DRIVER'S LICENSE? ☐ Yes ☐ No ☐ N/A	IS YOUR VEHICLE INSURED AS REQUIRED BY IOWA CODE 321.20B? ☐ Yes ☐ No ☐ N/A

The Fine Print
☐ I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.
☐ I understand that the position(s) I'm applying for are voluntary in nature and that it is for no definite period of time and may be terminated for any reason at any time without previous notice.
☐ I understand that my own insurance will be used as coverage for illness and injuries and that I am ultimately responsible for any costs incurred.
☐ For Amateur Radio Operators: I certify that my amateur radio license is current and I am in good standing with the FCC.

TODAY'S DATE	SIGNATURE
	PRINTED NAME

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