

# WORLD RADIO RELAY LEAGUE ®

## AMATEUR RADIO COMMUNICATIONS TEAM TYPE I

### TEAM LEADER APPLICATION

**Note to Applicants:** When considering to apply for the position of ARCT Type I Team Leader, we suggest that you carefully consider the following:

- Your available time and the motivation necessary to form and maintain a team with a minimum of 24 active members. (Based up on the need to sustain a 12 member team in the field for a period of time up to 3 weeks.
- Your availability to work with the ARCT program coordinator and keep the coordinator advised of you team's status.
- Your willingness to undergo a thorough evaluation of your qualifications for this position.

*Please complete all spaces (print or type clearly). Use extra paper if desired.  
Mail a signed hard copy to the address below.*

**Name (Last, First, Middle)** \_\_\_\_\_

**Address (Street)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mailing address (if different)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone Numbers** (home) \_\_\_\_\_ work \_\_\_\_\_ cell/mobile \_\_\_\_\_

**Email** (primary) \_\_\_\_\_ (alternate) \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Drivers License # (Include State)** \_\_\_\_\_ **SS #** \_\_\_\_\_

**Amateur Radio Call Sign** \_\_\_\_\_ **Class of License** \_\_\_\_\_ **Expires** \_\_\_\_\_

**Occupation** (if retired state former occupation) \_\_\_\_\_

**Current or past amateur radio EMCOMM leadership positions held, and discuss your traffic/message handling experience.**

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**Are you proficient in International Morse?** \_\_\_\_\_ **Comfortable traffic speed** \_\_\_\_\_

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**What training courses related to amateur radio EMCOMM have you completed? (FEMA / NIMS / ICS, Red Cross, ARRL courses, etc.)**

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**What do you understand the personnel requirements for a deployed ARCT Type I to consist of: (number of team members) \_\_\_\_\_ What are the minimum equipment requirements for a Type I Team?**

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**Discuss briefly the steps you will take to form, train, and maintain a Type I ARCT:**

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**I hereby certify that the information above is accurate and that if I am approved as a WRRL ARCT Type I Leader, I will work diligently to insure that a properly trained and equipped team is available and maintained in a state of readiness. I hereby release the World Radio Relay League® and all of its officers and members from any liability related to my participation as an ARCT Type I Team Leader.**

**Signed and dated:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_

**Address of witness:** \_\_\_\_\_

**The following items must be submitted with this application:**

- Copy of driver's license
- Copy of amateur radio license
- Copies of any certifications claimed on page one (first aid/CPR card etc.)
- An original, certified letter from your local law enforcement agency attesting to your character and indicating that local, state and national database checks have revealed no arrests or convictions for any felony crime or crime of moral turpitude.
- Please submit the completed application and all required supporting documents to:

**Jerry Boyd, N7WR, ARCT Program Coordinator  
14452 Hunt Mountain Lane  
Baker City, OR 97814**