



# CITYWIDE DISASTER SERVICES, Inc.

A 501(C) 3 Non-Profit Corporation

5809 Foster Avenue

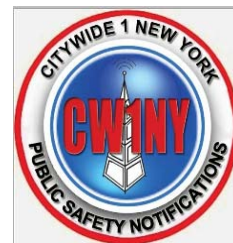
Brooklyn, N.Y. 11234

Business Office: 718-266-7808 / Operations: 718-763-3000 / Fax: 718-266-4046

[www.cdsny.org](http://www.cdsny.org)

Chief Dispatcher: 718-757-6500

[www.cw1ny.org](http://www.cw1ny.org)



## CW1NY RADIO PROGRAM APPLICATION

\*Asterisk denotes required field

\*NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

FAX: \_\_\_\_\_ OTHER CONTACT: \_\_\_\_\_

\*PRIMARY EMAIL: \_\_\_\_\_

SECONDARY EMAIL: \_\_\_\_\_

\*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

\*SPECIFY AFILIATION / PUBLIC SAFETY AGENCY: \_\_\_\_\_

\*JOB TITLE: \_\_\_\_\_

1. \*Do you have a portable UHF radio?  
Yes No
2. \*Do you own a UHF mobile radio?  
Yes No
3. \*Tell us where and how did you found out about CDS / CW1NY:  
(If additional space is needed, please use the reverse side of page #2)
4. \*Have you ever been convicted of a crime?  
Yes No  
If so, what were you convicted of? \_\_\_\_\_
5. \*Are you an American Citizen?  
Yes No  
If not, do you have a Visa/Green Card? \_\_\_\_\_
6. Would you be interested in volunteering to assist CDS / CW1NY with communications at community events or disasters?  
Yes No

7. Would you be interested in attending training programs?

Yes  No

8. \*What radio frequencies do you monitor? Please list below:

(If additional space is needed, please use the reverse side of page #2)

9. \*Please tell us about yourself. Include past and present employment information:

(If additional space is needed, please use the reverse side of page #2)

10. Do you have any talents, hobbies, or interests that would be an asset to CDS / CWINY?

(If additional space is needed, please use the reverse side of page #2)

I understand that by signing below I hereby authorize CDS and its associates to do a background check on me.

\*SIGNED: \_\_\_\_\_ \*DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRINT THIS APPLICATION. ONCE ALL FIELDS ARE LEGIBLY COMPLETED AND SIGNED, PLEASE FAX THIS APPLICATION TO 718-266-4046. (REMINDER: IF YOU USED THE REVERSE SIDE FOR ADDITIONAL INFORMATION, FAX BOTH SIDES OF THE PAGE). FAX MUST BE FOLLOWED UP BY MAILING YOUR ORIGINAL APPLICATION (HAND WRITTEN AND SIGNED IN BLACK INK) TO THE ADDRESS PRINTED ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE CDS BUSINESS OFFICE AT 718-266-7808, MONDAY THRU FRIDAY 0930 TO 1630 HOURS OR THE CWINY CHIEF DISPATCHER 24/7 AT 718-757-6500.**

\*\*\*\*\*DO NOT WRITE BELOW\*\*\*\*\*

REVIEWED BY \_\_\_\_\_ BACKGROUND CHECK \_\_\_\_\_ MEMBER/SPONSOR \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

UNIT # \_\_\_\_\_ AFFILIATION \_\_\_\_\_

MISC. \_\_\_\_\_