



Emergency Management

BJ Kohlstedt, Director
99 Edison Boulevard
Silver Bay, MN 55614
218-226-4444

bj.kohlstedt@co.lake.mn.us

www.co.lake.mn.us

**Lake County RACES/ARES
Membership Application**

APPLICANT NAME (for nametag): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ SHIRT SIZE: _____

PHONES: _____ CELL PROVIDER: _____

CALL SIGN: _____ EMAIL: _____

DRIVERS LICENSE: _____ STATE: _____ EXPIRES: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____

(Date of birth is required to conduct a background check; it is not a consideration for membership.)

List three people who might provide a reference for you.

Name _____ Call Sign _____ Phone: _____

Name _____ Call Sign _____ Phone: _____

Name _____ Call Sign _____ Phone: _____

Please explain what skills or resources you might bring to Lake County RACES.

I hereby authorize Lake County Emergency Management Department to access my criminal history record through the Bureau of Criminal Apprehension or any other recognized law enforcement organization pursuant to MN Statute 123B.03, as a requirement of membership in Lake County RACES. This information will be held in confidence.

Consent expires one year from:

Signature: _____ Date: _____

Full legal name: _____

Any former or maiden name: _____