

Sedgwick County, Kansas R.A.C.E.S.  
Personnel Information Update Form

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Last Name:	First Name:	Middle Name:
Home Address:		
City:	State:	Zip Code:
Date of Birth:	Date Joined:	
R.A.C.E.S. Job:		
E-mail Address:		
Height:	Weight:	
Hair color:	Eye color:	
Tech-Ni-Chat Member: Yes / No		

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**Personal Telephone Numbers**

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Home:	Cell:	Other:
Do you wish to use text messaging for notifications? Yes / No		

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**License Information**

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Amateur Radio License Class:	Drivers License Class (A, C, M, etc):
Date Issued:	Date Issued:
Expiration Date:	Expiration Date:
	DL Number:

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**Emergency Contacts**

**Contact #1**

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Name:	Relation:
Phone 1:	Phone 2:

**Contact #2**

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Name:	Relation:
Phone 1:	Phone 2:

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**Training**

FEMA Training: \_\_\_\_\_

R.A.C.E.S. Training: \_\_\_\_\_

Other Training: \_\_\_\_\_

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