



# Team Charter

## Application and Agreement

### REACT Team Eligibility

We certify that we are duly authorized or licensed to operate in one or more of the Personal Radio Services. We desire to use our 2-way radios in order to help others and, to this end, desire to become a REACT Team in order to carry out one or more of the purposes of REACT International, Inc., as listed below. We agree to maintain a Team Membership of at least three members.

### Official Team Name and Address

Team name must have the word "REACT" in it. Try for a reasonable length (maximum label space is 30 characters or spaces).

REACT International will maintain one address as your Official Team Address. It may be the home or business address of the President or other Officer, or you may wish to have a Team P.O. Box. This is where we shall send Membership Cards, "Team Topics" newsletters, various bulletins, etc. When ordering materials, give a street address to permit UPS delivery.

\*Team #: \_\_\_\_\_ \*Date Chartered: \_\_\_/\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_

Street (or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (or Postal Code): \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ or  if none

Team E-Mail Address: \_\_\_\_\_ or  if none

Team Web Site: \_\_\_\_\_ or  if none

*\*REACT International will assign the Team Charter Number and Date*



\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Operate on Amateur Radio Yes  No

If yes, please provide frequencies and modes

Input	Output	Repeater	Simplex	PL	DPL	Mode
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Operate other Radio Frequencies

Input	Output	Repeater	Simplex	PL	DPL	Call Sign
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

## Charter

We understand that our Team Charter remains the property of REACT International, Inc., and we agree to surrender it on demand.

This Charter Agreement is between REACT International, Inc., and applicant Team. The terms and conditions stated herein are binding upon the successors, heirs, officers and members of the applicant Team. Only REACT International, Inc., may modify this agreement by advance written notice to the Team at its official address.









# Team Charter

## Application Questionnaire

**Note:** This information will assist us in evaluating your application and in providing valuable services to all REACT Teams. Please answer as many of these questions as possible.

### I. Proposed Team Services

- a. What geographic area do you intend to serve? (Please be as specific as possible and take care to spell the names of cities, counties, etc. correctly)

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- b. How do you intend to monitor CB Channel 9?

Members home base stations

Mobile and/or portable (Walkie-talkie) CB Radios

Central Base Station

If you plan to have a central base station, where will it be located? (Give the actual address, if known, or the general area if a specific site has not been selected)

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- c. What other services does your Team plan to provide?

Communications for community events

Neighborhood "crime watch" patrols

Communications assistance for disaster relief agencies

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



d. Have you discussed your Team's plan with the following officials?

- Mayor / City Manager (or representative)
- Police Chief
- County Sheriff
- State Police / Highway Patrol (local commander)
- Fire Chief
- EMS or Ambulance Company Chief / Manager
- Local Disaster Relief Agency Officials
  - American Red Cross
  - Salvation Army
  - Other: \_\_\_\_\_

If available, enclose letters of endorsement from the officials or agencies with whom you have reached agreements concerning your Team's proposed activities / services.

II. Team Resources

a. How many of the following items do your Team or members presently have, and how many do you plan to have within the next year?

	Have Now	Plan to Have
1. CB Central Base Station(s)	_____	_____
2. CB Home Base Station(s)	_____	_____
3. CB Mobile Radio(s)	_____	_____
4. CB Portable Radio(s)	_____	_____
5. GMRS (UHF-FM) Base Station(s)	_____	_____
6. GMRS Mobile Radio(s)	_____	_____
7. GMRS Portable Radio(s)	_____	_____
8. GMRS Repeater(s)	_____	_____
9. Amateur Radio Base Station(s)	_____	_____
10. Amateur Radio Mobile(s)	_____	_____
11. Amateur Radio Portable Radio(s)	_____	_____
12. Amateur Radio Repeater(s)	_____	_____
13. Communications Vehicle(s)	_____	_____
14. Other Communications Equipment	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____

b. If you presently, or plan to have any GMRS or Amateur radio equipment, what frequencies do you use?

Operate (GMRS) General Mobile Radio Service Frequencies:

Call Sign: \_\_\_\_\_ Expires: \_\_/\_\_/\_\_\_\_\_

Input	Output	Repeater	Simplex	PL	DPL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Operate on Amateur Radio Yes  No

If yes, please provide frequencies and modes

Input	Output	Repeater	Simplex	PL	DPL	Mode
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

c. Where does your Team plan to meet and when?

Location: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Regular Meeting Day: \_\_\_\_\_

Regular Meeting Time: \_\_\_\_\_