

I. Purpose

The purpose of this document is to serve as operational guidance for the Alachua County Skywarn Spotters Group.

II. Membership

Membership is open to any person pending a successful background check. Persons dismissed from any Alachua County volunteer program or terminated from county employment will not be consider for membership.

III. Spotter Types

There are three types of spotters in the Alachua County Skywarn Group. They are:

- a. **Type III** – this spotter, also known as unaffiliated, is a trained spotter who wants to report weather incidents but does not wish to participate in the Group. The minimum level of required training is Basic Spotter.
- b. **Type II** – This spotter is affiliated with the Group and must receive the Basic and Advanced Spotter training as well as National Incident Management System training for entry level emergency responders (IS 700 & IS 100). This type may serve as a Team Leader which will be geographically based.
- c. **Type I** –This spotter is affiliated with the Group and must receive the Basic and Advanced Spotter training as well as National Incident Management System training for first line supervisor. Ideally, this type of spotter could act as the Group Supervisor or alternate.

Type	Class	Basic	Advanced	NIMS	Affiliated
III	Unaffiliated Trained Spotter	X			No
II	Affiliated or Team Leader	X	X	IS 700 & 100	Yes
I	Group Supervisor	X	X	The above plus IS 200	Yes

IV. Activation of Spotters

Spotters will activate only at the request of Alachua County Emergency Management, the SKYWARN Group Supervisor, the National Weather Service Jacksonville or if there is a severe weather occurring in the County.

AT NO TIME ARE YOU TO RISK YOUR SAFETY TO REPORT SEVERE WEATHER. STORM CHASING WILL NOT BE TOLERATED.

V. Reporting Severe Weather Events

There are three mechanisms for spotters to report severe weather events:

- a. Via WXSpots Log v. 1.3
- b. Via Email
- c. Via Telephone or Radio to Team Leaders and the Group Supervisor or alternate

VI. Identification Cards

Alachua County Skywarn Group picture ID Cards will only be issued to Type I and Type II spotters. Type III spotters will receive a training certificate for the Basic Spotter Class and a non photo ID spotter card.

VII. Chain of Command

All spotters will report severe weather as accurately as possible to their team leaders. If team leaders are unreachable, observers should report to the Group Supervisor. The Group Supervisor or their alternate will contact either the Emergency Management Duty Officer or the National Weather Service via the means described in Section V above.

VIII. Training

The Weather Observer Group will utilize the Basic and Advanced Spotter Training as provided by the National Weather Service. All other training will be provided through Alachua County Emergency Management.

IX. Meetings

In order for Spotter Types I & II to maintain their affiliation with the program, they must attend 75% of quarterly meetings called by Emergency Management or the Group Supervisor.

X. Code of Conduct

Alachua County Emergency Management is responsible for the safety and well being of the citizens of our county. As a member of this program, you have a duty to conscientiously perform the tasks of a weather spotter and make reports using the reporting criteria established by the NWS.

In order to apply for and attend training, all personnel will consent to adhere to the following code of conduct. Failure to do so is grounds for dismissal from the Group either as an affiliate or non-affiliate member.

- a. Report severe weather as accurately and timely as possible to your team leader, the Group Supervisor, County Emergency Management or the National Weather Service. This is known in NWS parlance as “ground truth”. Deliberately false reports will result in immediate dismissal.

- b. **AT NO TIME ARE YOU TO RISK YOUR SAFETY TO REPORT SEVERE WEATHER. STORM CHASING WILL NOT BE TOLERATED.**
- c. **YOU ARE NOT A FIRE FIGHTER OR POLICE OFFICER.** You are simply an extension of Emergency Management's intelligence gathering mechanism when exigent circumstances exist and when directed by policy or verbal direction to respond.
- d. **YOU ARE FORBIDDEN TO CARRY GUNS, KNIVES, STICKS OR OTHER WEAPONS.** You have been trained for weather observation and reporting. There is no need, place or legal authorization for you to carry or use any of the above. To do so will jeopardize your own safety and the continued existence of the Skywarn program in Alachua County.
- e. **YOUR FIRST RESPONSIBILITY IS TO YOURSELF AND YOUR FAMILY.** When a severe weather occurs, your first responsibility is to ensure your own safety and that of your family. **You should never initiate any operations on your own.**
- f. **CONTACT YOUR TEAM LEADER OR GROUP SUPERVISOR.** If a severe weather occurs, ensure your family's safety then contact your team leader for additional instructions and direction. Your team leader is your point of contact for Emergency Management. Intentional disregard for the chain of command is grounds for dismissal from the group.
- g. **IF YOU CAN NOT REACH YOUR TEAM LEADER.** If you are unable to contact your Team Leader due to phone lines being out, power being out, etc., then report your information as best as you can. Do not leave a place of safety during a storm.
- h. **STAY WITHIN THE SCOPE OF YOUR TRAINING.** You are required to always stay within the scope of your instruction. You have been trained based on the curriculum of the National Weather Service's Basic and Advanced Spotter and the Department of Homeland Security's National Incident Management System (NIMS) courses. You are expected to stay within the guidelines of your training and certification.
- i. **STAY WITHIN YOUR LIMITATIONS.** You are required and directed to stay within your limitations. Also, if you are a Spotter Team member, when responding as a member of a Spotter team and doing weather spotting, you may not exceed your Spotter training. Limitations may be determined by, but not limited to, equipment available, physical abilities, knowledge and authority. These limitations are not to prevent you from rendering emergency medical assistance under the Good Samaritan law, but to ensure that you will be covered for liability by said law if you do not exceed your training and limitations.

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**ALACHUA COUNTY PUBLIC SAFETY
EMERGENCY MANAGEMENT
SKYWARN SPOTTER APPLICATION**



Complete All Information and Please Print

<i>Personal Data</i>				
Last Name		First Name		M.I.
Date of Birth	Race	Sex	Height	
Address		City	Zip	
Mailing Address (if different from above)		City	Zip	
Home Phone	Cell Phone	Work Phone		
Text Device Service Provider		Primary Email		
FL Driver's License #		Spotter ID Number		
<i>Emergency Notification</i>				
Name		Phone		
Address				
<i>Training & Interests</i>				
Have you completed any of the following?:				
Basic Spotter		Advance Spotter		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	<input type="checkbox"/>
NIMS IS 700	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NIMS IS 100	<input type="checkbox"/> Yes <input type="checkbox"/> No
NIMS IS 200	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CERT	<input type="checkbox"/> Yes <input type="checkbox"/>
Do you have Internet access?		Amateur Radio Call sign (if applicable)		

Applicant Statement

I understand that in connection with my volunteer service with Alachua County Public Safety – Emergency Management (ACPS-ACEM), I may be authorized to have access to restricted areas of operations. Thus, ACPS-ACEM will make investigative inquiries to various local, state and federal agencies to determine my criminal history, if any. Further, I understand that I will be issued an Alachua County Public Safety Spotter Identification Card on affiliation with the Alachua County SKYWARN and that it is to be surrendered upon your departure from the program, voluntarily or otherwise.

I, the undersigned, authorize investigation of all statements contained in this application as well as a police background investigation and fingerprinting. I understand that my omission or misrepresentation of facts is cause for ACPS-ACEM to reject my application and/or to dismiss me from the SKYWARN program.

I further authorize any person, organization or agency contacted by or on behalf of the ACPS-ACEM, to release any such information concerning my criminal history and consent to the use of any such information provided to ACPS-ACEM with respect to my application. I further authorize ongoing procurement of the above mentioned reports at any time during my tenure as a volunteer.

As long as I provide the proper identification and pay the requisite fees, I have the right to request from the company making applicant background check for the County, any information the company has in its records about me at the time of my request.

By this signature, I affirm that I understand that as an Alachua County SKYWARN volunteer I will attend required meetings and training, will provide up to date contact information, will utilize the reporting mechanisms as prescribed by ACPS-ACEM, will adhere to the rules, policies and procedures of ACPSACEM. Further I affirm that have not been terminated from employment with Alachua County Board of County Commissioners nor have not been dismissed for any Alachua County volunteer program and will act within the scope of my official duties and in furtherance of a public purpose.

Signature

Printed Name

Date

Return to:

Alachua County Emergency Management, P.O. Box 548 Gainesville FL 32602

Office Use Only		
Spotter Class Date(s)		Spotter Type
Date Application Received		Date ACEM ID card Issued