



# Storm Spotter Network Application Form

I would like to join the Storm Spotter Network. I acknowledge that I have carefully read the duties of spotters and I am aware of the responsibilities of spotters in the event of a severe thunderstorm or on hearing about damaging thunderstorms in my general area. I acknowledge that safety is always more important than reporting and that the Bureau does not ask spotters to pursue active thunderstorms or take risks to their safety to obtain information. When performing my tasks I acknowledge that the Bureau requires me to carry out such tasks in good faith with due regard to avoiding losses or harm to third parties.

Title:  Mr.  Mrs.  Ms  Dr  Other (state) \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: (if different to above) \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone A/H: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Location: E.g. 20 km southeast of nearest town, and/or latitude/longitude (if known).

Membership with other organisations (e.g. emergency services)

Reasons for applying to join the Storm Spotter Network: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

On occasion, we may wish to contact you by telephone to check on thunderstorm development or damage in your area. We may also wish to contact Spotters living in the Tropics to assess the extent of damage following a tropical cyclone impact. We will only telephone during the day or early evening.

Are you willing to be contacted for this purpose? (circle) YES/NO

Please return this form to your local Bureau Regional Office. We will notify you as soon as possible about the success of your application. Thank you for your interest in the Storm Spotter Network.