



Erle County ARES/RACES



MEMBER INFORMATION

Call Sign: _____

Full name: _____

Last

First

M.I.

Address: _____

Street address

Apt/Unit #

City

State

Zip Code

Email: _____

Cell phone _____

Carrier: _____

Home phone: _____

DMR ID: _____

Shirt size: _____

Hamshack hotline: _____

Are you 18 years or older?

Yes ☐ No ☐

Are you a citizen of the United States?

Yes ☐ No ☐

Have you ever been convicted of a felony?

Yes ☐ No ☐

Firefighting experience?

Yes ☐ No ☐

If yes, explain? _____

Law enforcement or military experience?

Yes ☐ No ☐

If yes, explain? _____

Have you done the FEMA ICS courses?
(100,200,700,800)

Yes ☐ No ☐

If yes, which? _____

Mobile station

4WD? (NOT AWD)

Yes ☐ No ☐

VHF/UHF radio with CTCSS?

Yes ☐ No ☐

Mobile APRS

Mounted or GO KIT?

Digital voice? (DMR, P25, Fusion, DSTAR)

Yes ☐ No ☐

If yes, what modes? _____

Digital data?

Yes ☐ No ☐

HF radio?

Yes ☐ No ☐

If yes, which bands? _____

Portable equipment

Dual band portable with CTCSS?

Yes ☐ No ☐

Portable APRS?

Digital voice? (DMR, P25, Fusion, DSTAR)

Yes ☐ No ☐

If yes, what modes? _____

Home station

| | | |
|--|------------------------------|-----------------------------|
| Emergency power? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| VHF/UHF radio with CTCSS? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| HF radio? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Digital voice? (DMR, P25, Fusion, DSTAR) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Digital data? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, which bands? _____

If yes, what modes? _____

Availability

| | | |
|------------------------------------|------------------------------|-----------------------------|
| Are you available during the week? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you available during the day? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you available in the evenings? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you available on the weekends? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other Info

| | | |
|--|------------------------------|-----------------------------|
| Do you own or operate any repeater systems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any teaching experience? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have SKYWARN training (last 2 years) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you completed any of the ARRL EMCORE courses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a separate GO KIT for APRS? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any computer experience? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, explain? _____

If yes, explain? _____

If yes, explain? _____

If yes, explain? _____

Additional experience, training or information you would like to add??