



CLATSOP COUNTY ARES/RACES



MEMBERSHIP APPLICATION

Name		Call Sign		Class
Drivers Lic. #	Exp	Date of Birth	Place of Birth	
Address		City	State	Zip Code
Home Phone	Cell Phone		Work Phone	
E-Mail Address		Cell Phone Provider		
Place of Employment		Phone Number		

Do you have any outstanding warrants or have you ever been convicted of a felony? YES NO
 If you answered yes to the above please list the date and nature of the offense.

In order to participate in ARES/RACES Events in the Emergency Operations Center, a red Oregon Emergency Management ID card is required. To obtain your red ID card, you are required to have the following training certificates of completion on file with the ARES organization. Please indicate the training you have completed and provide copies with this application. A white card will be issued until the training is complete which will limit you from the EOC during emergency operations. You must provide a finger print card with your application. You can make arrangement with the Clatsop County Jail to get fingerprinted. Take this application with you when you get fingerprinted.

- ICS 100 ICS 200 ICS 700

Signature of Applicant: _____ Date: _____

Acceptance by ARES/RACES Leadership: _____

PERSONNEL SENSITIVE INFORMATION

Last Name: _____ First Name: _____ M.I.: _____
 Call Sign: _____ E-Mail: _____
 License Class: _____ First Licensed: _____
 Mailing Address: _____
 Street Address (if different): _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Pager: _____

YOUR AMATEUR RADIO EXPERIENCE:

VHF: UHF: HF: Packet: Pactor: Digital: CW: WPM: _____

RADIO EQUIPMENT YOU OWN:

Handheld: 6m: 2m: 1.25m: 70cm:
 HF Station: Home Mobile Portable:
 VHF or VHF/UHF Station: Home Mobile Portable:

DIGITAL EQUIPMENT YOU OWN:

Mobile APRS VHF/UHF Winlink AirMail Station: HF Winlink AirMail Station:
 HF Winlink AirMail Pactor Station: Home Mobile Pactor 1 Pactor 2 Pactor 3

EMERGENCY EQUIPMENT YOU OWN:

Emergency Home Power 4-Wheel Drive Vehicle Go Kit Portable Power
 Chain Saw Bar Length: _____

MARK WITH THE YEAR YOU COMPLETED THE FOLLOWING COURSES:

ICS 100: _____ ICS 200: _____ ICS 300: _____ ICS 400: _____
 ICS 700: _____ First Aid: _____ CPR: _____
 ARRL Courses: E-COMM 1: _____ E-COMM 2: _____ E-COMM 3: _____
 Any other courses: _____