



Multnomah County ARES/RACES

Emergency Communications Services



Personal Data Form

Instructions:

Please fill out and sign in INK. When complete please submit to the Membership manager. If you have any questions, please address them to either the EC @ kd7wzi@arrl.net or the Membership manager @ kk7deb@arrl.net

1. Personal Contact Information		
Name		
Call	License N <input type="checkbox"/> T <input type="checkbox"/> T+ <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/>	
Phone Number - Home		
Phone Number - Cell		
Phone Number - Work		
Email Address (ARRL address if possible)		
Street Address		
City & Zip Code		
Mailing Address (if different than street)		
City & Zip Code (if different than street)		
ARES participation		
Staff Position (if appointed)		
Membership Status	Active <input type="checkbox"/> Reserve <input type="checkbox"/> Other <input type="checkbox"/>	
ID Card	ARES White card <input type="checkbox"/> Expiration date (mm/dd/yyyy) State Yellow card <input type="checkbox"/> Expiration date (mm/dd/yyyy)	Office Use ONLY Picture Taken: File name: Submit Date:
ARRL Membership	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Equipment Capability		
2-Meter capability	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> GO-KIT <input type="checkbox"/> Hand-held <input type="checkbox"/>	
440 MHz capability	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> GO-KIT <input type="checkbox"/> Hand-held <input type="checkbox"/>	
HF capability	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> GO-KIT <input type="checkbox"/>	
Digital Modes of Operation	Packet <input type="checkbox"/> D-STAR <input type="checkbox"/> Pactor <input type="checkbox"/> SSTV <input type="checkbox"/>	
4-WD capability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Power capability	Batteries <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> Other <input type="checkbox"/>	
3. Training Completed		
ICS Courses (check all that apply)	700 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> PIO <input type="checkbox"/>	
ARRL Courses (check all that apply)	EC-01 <input type="checkbox"/> EC-02 <input type="checkbox"/> EC-03 <input type="checkbox"/>	
Other Related Courses Completed	VE Yes <input type="checkbox"/> No <input type="checkbox"/> Other	
Reviewed / Approved By	AEC <input type="checkbox"/> EC <input type="checkbox"/> Training <input type="checkbox"/> Admin <input type="checkbox"/>	

The information above, plus your digitized photograph will be entered into our electronic database. It will be used for ARES Planning, training and response purposes and to print your ARES ID card.

"My signature certifies that the information, set forth above, is complete to the best of my knowledge"

Signature of Applicant: _____ Date: _____