

**Washington County, MN ARES® Amateur Radio Comm Teams
DOCUMENTATION FORM**

Washington County ARES® members who wish to participate in the ARCTS

Please fill out :

Contact Information

Training

Check off Team Type you wish to be part of

You may Check off more than one team type

List the equipment you can provide to help complete our team

Your Radio equipment will be under your care when you are on site

You are not expected to turn your equipment over for general use by other ops

CONTACT INFORMATION

Name _____ **Date** _____

Call Sign _____

License Class _____

Phone 1 _____

Phone 2 _____

E-mail _____

Please check training you have completed or plan to complete this year

ARRL ECOMM 1 _____

ARRL ECOMM 2 _____

ARRL ECOMM 3 _____

FEMA ICS 100 _____

FEMA ICS 200 _____

FEMA ICS 700 _____

AERO Basic _____

OTHER (please list)

Type 2 Base Station Operators

I will volunteer to be a Base Station Operator Yes _____ No _____

Please Note : You may apply as a Base Station Operator even if you are unable to supply the equipment

Please Check off Base station equipment you can supply

VHF _____

UHF _____

Dual Band _____ Crossband Repeat _____

HF _____

VHF /UHF antenna _____

HF antenna _____

10 amp power supply _____

25 amp power supply _____

50 feet of coax _____

100 feet of coax _____

25 amp hour Battery _____

Generator _____

Table _____

Chair _____

Cell Phone _____

Other (Please list)

Type 3 Mobile Operators

I will volunteer to be a Mobile Operator Yes_____ No_____

Please note Mobile Operators need to provide their personal vehicle for Type 3 Mobile Teams

Please Check off Mobile equipment in your vehicle

VHF _____

UHF _____

Dual Band _____ Crossband Repeat _____

HF _____

Mobile operation assumes that the appropriate Antenna is on vehicle

Cell Phone _____

Other (Please list)

Type 3 or Type 4 Portable Units (HTs)

I will volunteer to be Field Operator Yes_____ No_____

Please Check off HT type you can supply

VHF _____

UHF _____

Dual Band _____

Other