



**Amateur Radio Emergency Service
State of Minnesota
Application and Registration of Resources**



Call sign: _____ Name: _____

Street Address: _____

Postal Address: _____

Home phone: _____ Alternate phone: _____

Email: _____ County: _____

License Class: _____ ARRL membership? **Y N**

In case of emergency activation, the best way to alert me is: _____

MODES OF OPERATION

*Please mark each mode you can operate with your equipment.
Mark **B** for base, **M** for mobile, **P** for Portable operations.*

	160	80	40	20	15	10	6	2	70cm	Other
FM										
SSB										
CW										
RTTY										
Packet										
PSK31										
MFSK										
AMTOR										
APRS tracker										
APRS monitor										
Echolink										

Can you operate without commercial power? **Y N** Source? _____

Please continue on reverse side

QUALIFICATIONS

Please register any training that you may have in the following areas.

SKYWARN Y N Last year attended training _____ (No, but interested)

ARRL EMERGENCY COMM COURSES I II III (No, but interested)

RED CROSS DAMAGE & ASSESSMENT Y N (No, but interested)

NET PARTICIPATION Y N MANAGEMENT Y N (No, but interested)

NATIONAL TRAFFIC SYSTEM Y N (No, but interested)

INCIDENT COMMAND TRAINING Y N (No, but interested)

OTHER RELEVANT TRAINING and EMERGENCY SERVICE PARTICIPATION?

What type of drills do you feel would be the most beneficial? _____

PARTICIPATION LEVEL

The following will help the EC respect your wishes regarding your level of commitment to ARES.

A _____

Core Personnel

I will *strive* to make monthly activities, drills, meetings.

This individual desires to get involved in the planning and “administrative” activities of the local ARES organization.

“Call me anytime.” I want to help.

B _____

Prepared Personnel

I am interested in participating in quarterly activities, drills, and meetings.

This individual desires to actively participate in ARES. However, he or she doesn’t want to be involved in the routine planning and administrative activities of the organization.

“Call me. I’ll try to be there.”

C _____

Available in Actual Situation.

Please contact me for emergency activation. I will strive to make at least one activity a year.

This individual is unable to commit to regular activities and drills.

NOTE: This individual will probably be paired with someone who participates on a monthly or quarterly basis.

“Call me when the emergency arises...”

Please read and sign below:

I volunteer to be a registered member of the local Amateur Radio Emergency Service (ARES) organization, a component of the Field Service division of the American Radio Relay League (ARRL). I understand this does not obligate me to be a member of ARRL and does not obligate me to serve in any capacity. I may be asked to serve, to attend meetings, or to participate in other ways, but am obligated only to the extent to which I agree when asked.

Signature: _____ Date: _____