

Maine ARES/RACES Registration Form

(Please fill out and sign in ink.)

First Name or Nickname: _____ Last Name: _____

Call Sign: _____ License Class: _____ License Expiration Date: _____

Street Address: _____

City: _____ County: _____ State: _____ ZIP Code: _____

Work Phone: (____) _____ Home Phone: (____) _____ Pager: (____) _____ Cell (____) _____

E-Mail Address: _____ 2nd E-Mail Address: _____

Please indicate the bands and modes that you can support with your personal equipment, using the following symbols:

F = fixed/base, M = mobile, P = portable, H = handheld (use as many in each box as apply)

Mode	160M	80M	40M	20M	15M	10M	6M	2M	1.4M	70cm	23cm	other
Voice												
CW												
SSB												
RTTY												
AMTOR												
PACTOR												
PSK31												
Packet												
SSTV												
APRS												

Response-Related Information:

Would you be willing to travel to another county to assist in their response? ☐ Y ☐ N

Member of other Amateur Radio special interest groups (e.g., MARS, Red Cross, Salvation Army)?: ☐ Y ☐ N

If yes, please list: _____

Portable Power Supply? ☐ Y ☐ N

If yes, wattage rating: _____

Generator? ☐ Y ☐ N

If yes, wattage rating: _____

Battery Operations? ☐ Y ☐ N

If yes, amp hour rating: _____

Anderson Connectors? ☐ Y ☐ N

If no, what type connectors used? _____

CERT Member? ☐ Y ☐ N

If yes, Team or Neighborhood: _____

First Aid Certified? ☐ Y ☐ N

CPR Certified? ☐ Y ☐ N Search & Rescue Certified? ☐ Y ☐ N

Personal Information: For insurance purposes in case of disaster related injury as a volunteer.

Information will not be released excepting for official purposes relating to disaster related volunteer injury.

“My signature certifies that the information set forth below is complete, to the best of my knowledge.”

First Name: _____ Middle Name: _____ Last Name: _____ Suffix (if any): _____

Maine Driver's License Number: _____

Birth Date: Month: _____ Date: _____ Year: _____ Social Security Number: _____ - _____ - _____

Signature of Applicant: _____ Date: _____