

Amateur Radio Public Service Volunteer Questionnaire

Contact Information

Name: _____ Amateur Call: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: H (____) _____ - _____ W (____) _____ - _____
Cell (____) _____ - _____ Email: _____
Member of: ARES Y N RACES Y N ARRL: Y N

Name, Phone # & Relationship of person to call in the event of an emergency:

Equipment Capabilities

Fixed: Y N Mobile: Y N Portable: Y N
HF: Y N VHF: Y N UHF: Y N
Emergency Power: Y N

Formal Communications Training

ARECC: I II III Red Cross: Y N
Other: _____

OPTIONAL MEDICAL INFORMATION

Do you have any special health issues that you would like to be taken into consideration so that we may place you in suitable post? (If "Yes", please detail) Y N

Do you require & carry any emergency medication? (If yes, please detail) Y N
