

MISSION VIEJO RACES-ARES APPLICATION



☐ NEW MEMBER APPLICATION

☐ UPDATE PREVIOUS INFORMATION

PLEASE PRINT:

Today's Date: Month Day Year FCC Callsign: License expires: Month Day Year Class

Last Name Suffix First Name Middle Name

Street Address Date-of-Birth

City State Zipcode Country

Home Telephone Call for Activation Notice? ☐ Yes ☐ No

Work Telephone ☐ Yes ☐ No

Cellphone ☐ Yes ☐ No

Other (Smartphone?) ☐ Yes ☐ No

Amateur Radio Affiliations/Memberships

Check all that apply

- | | | |
|--|--------------------------------|----------------------------------|
| <input type="checkbox"/> ARRL | <input type="checkbox"/> SOARA | <input type="checkbox"/> SKYWARN |
| <input type="checkbox"/> ARES | <input type="checkbox"/> HDSCS | <input type="checkbox"/> CERT |
| <input type="checkbox"/> RACES | <input type="checkbox"/> VE | <input type="checkbox"/> CEPA |
| <input type="checkbox"/> Other (specify) | | |
| <input type="checkbox"/> Other (specify) | | |

E-mail Address (PRIMARY) (SECONDARY) Internet at Home? ☐ Yes ☐ No

Any physical limitations?

California Driver's License Number:

Height: Weight: Hair Color: Eye Color:

<i>In Case of Emergency, notify:</i> Name <input type="text"/>		Street Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zipcode <input type="text"/>	Telephone, primary <input type="text"/>
			Telephone, alternate <input type="text"/>

Applicant's Signature: _____ Date: _____

California Government Code

"3101. For the purpose of this chapter the term "disaster service worker" includes all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council...3102. (a) All disaster service workers shall, before they enter upon the duties of their employment, take and subscribe to the oath or affirmation required by this chapter...3103. The oath or affirmation required by this chapter is the oath or affirmation set forth in Section 3 of Article 20 of the Constitution of California."

===== CITY / RACES USE ONLY =====

Application Approved ☐ Denied ☐ Date: _____ DSW Oath - Date: _____

Security Check Completed - Date: _____ ID Card Issued - Date: _____

ARES Card Issued - Date: _____

Membership Level: ☐ Level 1 ☐ Level 2

Chief Radio Officer: _____ Date: _____

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2013 Resource Update _____

Call Sign

First Name

Last Name

Modes / Bands

(Check all bands / modes you can operate with your equipment)

	160	80-75	40	20	15	12	10	6	2	220	440	1.2G	OTHER FRS, GMRS, CB ? (list)
HT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DSTAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SSB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PSK-31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WINLINK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RADIO GO-BOX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

APRS NODE NAME: _____ FREQUENCY: _____

ECHOLINK NODE: _____ FREQUENCY: _____

PACKET NODE NAME: _____ FREQUENCY: _____

CIRCLE ALL THAT APPLIES:

OPERATE WITHOUT COMMERCIAL POWER? NO YES (if YES HF VHF/UHF)

Alternate Source = BATTERY GENERATOR SOLAR OTHER _____

☐ Position Specific GO-KIT ☐ Personal GO-KIT ☐ Other GO-KIT _____

OTHER AVAILABLE EQUIPMENT (EI. 4-WHEEL VEHICLE, PORTABLE TOWER, ANTENNAS, ETC.) *List below:*

SPECIALIZED TRAINING AND DATE CERTIFIED *SUBMIT COPY OF ALL NEW CERTIFICATES*

Required FEMA Courses - IS-700 _____ IS-100 _____ IS-200 _____

OTHER FEMA Courses: _____

V-C-N Courses: SOCMAT-031 SOCMAT-044 SOCMAT-242 SOCMAT-262 SOCMAT-264 _____

ARRL ECOMM Courses: older LEVEL-1 LEVEL-2 LEVEL-3 or the newer EC-001 EC-016

OTHER: CEPA, CERT, CPR, EMT, First Aid, Red Cross Courses, SKYWARN, etc. *LIST BELOW*