



B C A R E S

BOULDER COUNTY AMATEUR RADIO EMERGENCY SERVICES, INC.



MEMBERSHIP APPLICATION AND QUESTIONNAIRE

New		Renewal	
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PERSONAL INFORMATION (REQUIRED FOR SHERIFF ID BADGE)				PLEASE PRINT	
Authorization for Emergency Services Identification Card			Agency: BCARES		
Name		Male	Callsign		
		Female	Lic. Class		
Aliases (include maiden name)					
Date of Birth		Place of Birth			
Height	Weight	Eyes	Hair		
Social Security Number					
Driver's License Number				State	
Mailing Address					
E-mail Address					
Primary Phone			Secondary Phone		
OFFICIAL USE ONLY					
I hereby authorize the issuance of an Emergency Services identification Card to the above named individual.		COSIN	DATE		
Signature of Authorized person		JMS	DATE		
Title	NEW MEMBER	CCIC	DATE		
Date		NCIC	DATE		
S.O. ID. #		APPROVED	DATE		

NOTICE: Boulder County Amateur Radio Emergency Services (BCARES) is a non-profit, public service corporation which provides equipment and volunteer personnel to perform radio communication services during emergencies. These services are provided to assist the various public safety agencies of Boulder County including Sheriff, Police, Fire, etc. Many BCARES activities involve hazardous situations such as forest fires, floods, riots, etc. They also may include carrying heavy loads of equipment. Members should be aware of their physical limitations. Members may refuse any assignment for any reason.

DISCLAIMER AND WAIVER: I _____ (print your name) apply for membership in BCARES. I am a volunteer and understand that I will receive no compensation for my services. I understand that BCARES activities, both in a real emergency and in training exercises, are potentially hazardous. If I am injured or killed while participating in a BCARES activity, I and my heirs agree to hold harmless BCARES and its officers, directors and members.

SIGNATURE: _____ DATE: _____

RESOURCES AND EQUIPMENT			
Do You Have	Y	N	Describe
2m FM Hand-Held and/or mobile radio			
4 WD vehicle			
Portable packet or AMTOR radio station			
Portable HF SSB station			
Camper van			
AC generator			

SKILLS AND EXPERIENCE			
Do You Have	Y	N	Describe
VHF packet radio experience			
Typing skills			Speed (WPM)
BCARES TV transmitter training			
HF packet or AMTOR experience			
Previous ARES experience			

MISCELLANEOUS			
	Y	N	Describe
Pre-assignment preference			
Other emergency group affiliation			
Physical or health restrictions			
Will participate in training exercises			

Most BCARES assignments are for 6 hours or less within Boulder County. Would you be willing to go to another area of the state for one or two days to help in a major emergency?	Boulder only	
	Adjacent Counties	
	Anywhere needed	
Do you wish to become a full member of BCARES and be issued an ID badge by the Sheriff?	YES	
	NO	
Comments:		

Completed applications should be sent to the BCARES new member training officer, George Weber - KAØBSA, 4037 Pebble Beach Dr. Niwot, CO 80503

DO NOT WRITE IN THIS BLOCK - FOR BCARES USE ONLY	
Date Received	ID photo taken
S.O. background check	Initial Training Completed
Application revised 4/22/2010	Approval by Board of Dir.

Signature: _____ Date: _____