



AMATEUR RADIO EMERGENCY SERVICE
 ~ REGISTRATION FORM ~
ARAPAHOE COUNTY A.R.E.S.

Please send this form in its entirety with your
 CHECK (FAMILY HOUSEHOLD \$5.00) PAYABLE TO: Eileen Armagost



REMIT TO: EILEEN ARMAGOST, WDØDGL
ARAPAHOE COUNTY A.R.E.S.
6337 SOUTH LAFAYETTE PLACE
CENTENNIAL, COLORADO 80121-2548

Name: _____ Call Sign: _____
 Spouse or Other Household Member: _____ Call Sign: _____
 License Class: _____ Spouse or Other License Class: _____
 Address: _____
 City: _____ Zip Code: _____
 Home Phone: () _____ Work: () _____
 Cellular: () _____ Pager: () _____
 e-mail: _____ Spouse or Other License Class: _____
 Primary Radio Interests: _____

Check radio types and bands you can operate:

	2	6	10	15	20	40	60	80	160	220	70cm	SSTV	APRS	Other
Handheld														
Mobile														
ATV														
CW														
FM														
~ Mobile ~														
Packet														
HF Digital														
SSB														
Packet Operator – your PBBS Call Sign:														

Can your home station operate without commercial power? Yes No
 If yes, what bands? _____
EMERGENCY CONTACT: Mr. Ms. Mrs. _____
 Home Phone: () _____ Other: () _____
 Signature(s) _____
 Date: _____ Date: _____

To all Radio Amateurs:

The Amateur Radio Service (ARES) is a voluntary organization of licensed radio amateurs who have registered their capabilities and equipment for providing emergency communications as a public service to the community. The purpose of the ARES is to furnish communications in the event of natural disaster, when regular communications fail or are inadequate. Sponsored by ARRL, the ARES functions at the local level to meet local communications needs.

The ARES has a long history of public service going back to its formal inception in 1935. Since that time the ARES has responded countless times to communications emergencies.

Experience has proven that amateurs respond more capably in time of emergency when practice has been conducted in an organized group. There is no substitute for experience gained before the need arises.

The ARES in each locality operates under the direction of the Emergency Coordinator (EC), whose function is to direct the activities of the ARES to maintain a state of readiness.

To register in the ARES, send this form directly to the name and address at the top of the next column, or to ARRL Headquarters for forwarding to your EC. *League membership is not required for registration.* Registration does not require possession of any specially designed equipment. All Amateurs can be of assistance to the ARES. There is provision in the ARES for every amateur regardless of class of license, equipment owned, or personal circumstances.

Won't you join us in providing this essential Amateur Radio service?

Dave Patton, NN1N (Acting)
 Field Services Manager

Please check the appropriate box for each item.

- Are you a member of the ARRL? Yes No
- Will you attend membership meetings and/or training activities? Yes No
- Based on your capabilities, equipment and interests, what would you most like to do? (Examples: telephone call-up, training, "social" organizer, team leader, etc.). Please list your desires in order of priority with "A" being highest (use additional paper if necessary):
 A. _____
 B. _____
 C. _____
- What days and hours can you be readily available for activation?
 Days: _____ Hours: _____
- Can you be contacted at work without jeopardizing your job? Yes No N/A
- Can you leave work for a real emergency? Yes No N/A
- Are you qualified/trained in: Red Cross Communications ICS 100 ICS 200
 IS 700 - date completed: _____ IS 800 - date completed: _____
- Do you have any of the following equipment available? Please check all that apply:
 4-WD Snowmobile Van Camper Trailer Generator
- Do you have any restrictive disabilities? Yes No If yes, please briefly describe:

- Do you think there should be a minimum participation requirement for ARES membership?
 Yes No If yes, what? _____
- Are you qualified for and comfortable with:
 Net Control Duties: Yes No Formal traffic handling: Yes No
 Other qualifications and/or interests: _____
- Do you have any contacts with key personnel in public service or government agencies (e.g., police or fire departments, hospitals, etc.)? Yes No
 If yes, please list (include contact name and number if possible):
 _____ () _____
 _____ () _____
 _____ () _____
- Will you check into a net at least once a month? Yes No
- Are there any particulars you prefer were not published, e.g., work phone, address, etc.?

