

Cumberland County ARES/RACES Registration Form

(Please fill out and sign in ink)

First Name: _____ 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 1/4 M	70CM	23CM	Other
CW												
SSB												
FM												
RTTY												
AMTOR												
FACTOR												
PSK31												
PACKET												
APRS												
SSTV												
ATV												

Response Related Information:

Would you be willing to travel to another county to assist in their response? ☐ Yes ☐ No

Member of other Amateur Radio special interest groups (i.e. MARS, CAP, Red Cross, Salvation Army)? ☐ Yes ☐ No

If yes, please list: _____

Do you have any disabilities that might hamper your service? ☐ Yes ☐ No

If yes, please list: _____

Portable Power Supply ☐ Yes ☐ No If yes, amp rating: _____

Generator? ☐ Yes ☐ No If yes, wattage rating: _____

Battery Operations? ☐ Yes ☐ No If yes, amp hour rating: _____

Anderson Powerpoles ☐ Yes ☐ No If no, what type of connectors used?: _____

CERT Member? ☐ Yes ☐ No If yes, what team or neighborhood? _____

First Aid/CPR Certified ☐ Yes ☐ No Search & Rescue Certified? ☐ Yes ☐ No

Vehicle Make and Model: _____ License Number: _____

Four Wheel Drive? ☐ Yes ☐ No Towing capability? ☐ Yes ☐ No

Mail to: Bryce Rumery, K1GAX 37 Casco St. Apt. 513 Portland, ME 04101

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 Initial: _____ Last Name: _____ Suffix: ____

Maine Drivers License Number: _____ Social Security Number: _____ - _____ - _____

Date of Birth: Month _____ Date: _____ Year: _____

Signature of Applicant: _____ Date: _____