

Dear applicant,

Thank you for your interest in Sherburne County ARES. Enclosed you will find an application. Please read and fill out the application completely.

The first three pages require general information about you, the applicant. The next five pages are for the criminal history and driver's license checks. They are required in order to work within controlled areas. Note: Members may be fingerprinted and photographed for identification purposes.

These are the steps which your application process will take:

- Please print, fill out and mail the membership application to the Sherburne County EC.
- Upon receipt of your completed application, the background and drivers license check will be submitted to the appropriate law enforcement agencies and your references may be contacted if deemed appropriate.
- You will be contacted to set up an interview time with the Sherburne County Emergency Coordinator.
- Once the references have been checked, and background cleared, interviews with the Chiefs of SCEMHS and Elk River Emergency Management may be required.
- This is sometimes a long process, and may take up to two or three months to complete. As a result, after receipt of your completed application, you may attend our monthly meetings as a special guest of the Unit. However you will not be able to attend emergency call-outs until accepted as a member.
- If you have any questions, please feel free to contact the Sherburne County Emergency Coordinator at 763-274-4065 or n0jhu@arrl.net
- Individuals who are approved for membership in Sherburne County ARES will be required to provide the following information for the picture ID card;

Current Photograph

ARRL Membership Number

Blood Type

Any Known Medical Alerts

ARES/RACES

Amateur Radio Emergency Service and Radio Amateur Civil Emergency Service

What are ARES and RACES? The Amateur Radio Emergency Service (ARES) and the Radio Amateur Civil Emergency Service (RACES) both have very similar goals: to protect life and property during an emergency. Membership in the ARRL or any other organization is not required for either, just a valid Amateur Radio license.

In Sherburne County, Minnesota, ARES and RACES are organized as essentially one group of people. There are technical and legal differences between the two services, outlined below, but it is the same group of Amateurs. Following is a brief description of ARES and RACES. For more detailed information, see the ARRL Public Service Communications Manual (PSCM).

ARES — The Amateur Radio Emergency Service.

The American Radio Relay League (ARRL) administers ARES (although you do not have to be a League member to participate). Any member can activate the ARES group. ARES provides emergency radio communications to a number of client groups, including local government, the American Red Cross, the Salvation Army, and others.

RACES — The Radio Amateur Civil Emergency Service. RACES is authorized by part 97 of the FCC Rules as a local or state government service — there is no Federal RACES. Only the RACES Radio Officer of a local government civil preparedness agency can activate RACES in times of emergency. In our case, the local government agency is the Sherburne County Office of Emergency Management (OEM).

RACES is used for emergencies which can include natural or technological disasters such as fires, floods, earthquakes, chemical spills, and nuclear power plant accidents. During times of war (when the President invokes War Emergency Powers), normal Amateur Radio Service operation is silenced and RACES stations are limited to a pre-defined set of operating frequencies that are within the normal Amateur bands.

During all times that Amateur stations are operating under RACES rules, they may only communicate with other RACES stations, and only for the purpose of conveying official civil-preparedness emergency communications.

What is the relationship with SPECT? Most Sherburne County ARES/RACES members are also members of the Sherburne County Emergency Communications Team (SPECT), which is an ARRL Special Service Club (a “ham” club). However, Sherburne County ARES/RACES does not require one to be a SPECT member in order to be an ARES/RACES member.

SPECT provides the Amateur radio facilities (fixed and portable repeaters, communications van equipment, etc.) and the all-volunteer technical and administrative personnel to maintain them at a constant state of readiness for use when needed in an emergency.

Sherburne County ARES/RACES coordinates the organization and training of the volunteer Amateur Radio operators who have registered their willingness to serve. ARES/RACES operators generally use their own and SPECT equipment (e.g. repeaters) in fulfilling their duties as well as equipment put at their disposal through the generosity of other Amateur Radio repeater operators.

How Do I Apply? Participation in ARES and RACES is voluntary and you may quit at any time. You must be pre-enrolled in RACES in order to participate in RACES activities.

If you are a licensed Amateur Radio operator, live or work in Sherburne County, and are interested in becoming an ARES/RACES volunteer, or would like to know more, please contact the Sherburne County Emergency Coordinator.



SHERBURNE COUNTY, MINNESOTA EMERGENCY COMMUNICATIONS TEAM ARES/RACES Membership Application

This is an application for (choose one): **Both ARES & RACES.** **ARES only.** **RACES only.**

*Dual ARES/RACES membership is **strongly recommended*** In order to serve effectively as a volunteer member of the emergency staff, access to otherwise restricted areas, such as the EOC, may be associated with RACES participation and assignments. To the extent that similar requirements exist for other members of the emergency staff with access to restricted areas, a limited background check for RACES applicants may be performed.

**** Indicate (X) bands/modes you can operate. Indicate (E) those that have emergency power at your home station. ****

	160	80	40	30	20	17	15	12	10	6	2	440	900	1.2	?
<i>ATV</i>															
<i>CW</i>															
<i>FM</i>															
<i>SSB</i>															
<i>Packet</i>															
<i>Mobile</i>															
<i>Handheld</i>															

Callsign: _____ Class: _____ Year 1st Licensed: _____

Last Name: _____ First Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Nextel Direct Connect: _____

Email: _____ Pager: _____

Person to notify in case of illness (Name/Phone): _____

***** **The following is also required for RACES membership** *****

Business Name: _____ Occupation: _____

Business Address: _____

U.S. Citizen: _____ Marital Status: _____ Date of Birth: _____

Height: _____ Hair Color: _____ Eye Color: _____

Drivers License Number: _____ State: _____

Social Security Number: _____

Any previous military service? _____

Ever convicted of a crime? _____ **Details:** _____

Ever denied membership in RACES? _____ **Details:** _____

Last radiological training (year & month, if known): _____

Character references (callsigns of current ARES/RACES members):

1: _____ 2: _____

Signature: _____ Date: _____

Mail to: DANIEL L. SHARTLE (N0JHU)
22985 147th Street NW
Elk River, MN 55330-9552

For membership **outside** the Sherburne County, MN area, contact your local ARRL Emergency Coordinator (or the ARRL) for ARES. For RACES contact your local RACES Radio Officer.

Training: Please include a photocopy of all licenses and certifications

Amateur Radio

Call Sign: _____ Class: _____

Please list the following equipment you may have:

Mobile: VHF / UHF / Dual Band Portable: VHF / UHF / Dual band

Base Station: _____ (please describe)

Computer / Packet: _____ (please describe)

Do you have stand-by power or generator power? Yes / No Describe: _____

Skywarn Training

Month / Year of Training: _____ Location: _____

Skywarn Spotter #: _____ Are you an instructor?: _____

First Aid / Medical

Month / Year of Training: _____ Location: _____

Level or Certification: _____ Are you an instructor?: _____

If yes, what do you teach?: _____

FEMA / NIMS

Month / Year of Training: _____ Location: _____

Level or Certification: _____ Are you an instructor?: _____

If yes, what do you teach?: _____

Please include any additional training, education or experience you may have which may be helpful to you with Sherburne County Emergency Services.

Personal References

Please list three references that know you (other than relatives).

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

City, State, Zip: _____

How long have you known this person? _____ Mo. _____ Yrs.

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

City, State, Zip: _____

How long have you known this person? _____ Mo. _____ Yrs.

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

City, State, Zip: _____

How long have you known this person? _____ Mo. _____ Yrs.

Current Employer: _____ Supervisor: _____

Address: _____ Phone: (____) _____

City, State, Zip: _____

May we contact this person for an additional reference? _____ (optional)



Acknowledgment

- 1. I agree fully to comply with all items contained herein as they pertain to the category of membership that I have applied for.

_____ Initial Here.

- 2. All information furnished by me in this application is true and correct to the best of my knowledge.

_____ Initial Here.

- 3. A Standard Operations Practices and Procedures Manual (SOPP) will be provided by Sherburne County ARES. I agree to follow all rules and regulations listed in the SOPP.

_____ Initial Here.

Once I am accepted as a member of Sherburne County ARES, I will take the Oath of Office listed below.

I _____ do solemnly swear or affirm that I will support and defend the Constitution of the United States of America, and the Constitution of the State of Minnesota against all enemies, foreign and domestic; and that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will faithfully discharge the duties upon which I am about to enter. I do not advocate the overthrow of any government unit by force or violence, nor will I do so while involved with Sherburne County ARES.

Use Agreement

The undersigned applicant hereby authorizes the Sherburne County Emergency Management and Homeland Security, during a declared Emergency event, training session, or other activity under the control of the Department, of which the member is participating, to exercise ownership and control of member's equipment.

Signed: _____

Date: _____

General Authorization and Release of Information Pursuant to Minn. Stst. Section 13.05 Subd. 4. (d) of the Minnesota Data Practices Act

To Sherburne County Emergency Services

I, _____ hereby authorize and give my informed consent to permit you, Sherburne County Sheriff's Department to release and make available to Sherburne County Emergency Management and Homeland Security and / or it's agents and / or representatives, data classified as private by Minn. Stat. 13.02 Subd. 12 except medical and psychological, which data concerns me, and which may be in your possession. The data which I authorize to be released consists of private data that has been collected by you as a result of my contacts and associations with you and / or your agents and representatives. Authorization is given to release ALL DATA which has been collected, created, received or retained in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting Sherburne County Emergency Management and Homeland Security to have access to this data is to determine my eligibility for a volunteer position with the department, and to verify records and other information which I have provided to them.

I hereby authorize and grant my informed consent to permit you to make photocopies for Sherburne County Emergency Management and Homeland Security of all private data which concerns me and is in your possession.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to the expiration date, cancel the written authorization by providing written notice to the department or to you of that fact.

Applicant full printed name: _____ Date: _____

Applicant signature: _____

Acknowledgment

2. I agree fully to comply with all items contained herein as they pertain to the category of membership that I have applied for.

_____ Initial Here.

3. All information furnished by me in this application is true and correct to the best of my knowledge.

_____ Initial Here.

4. A Standard Operations Practices and Procedures Manual (SOPP) will be provided by Sherburne County ARES. I agree to follow all rules and regulations listed in the SOPP.

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I _____ do solemnly swear or affirm that I will support and defend the Constitution of the United States of America, and the Constitution of the State of Minnesota against all enemies, foreign and domestic; and that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will faithfully discharge the duties upon which I am about to enter. I do not advocate the overthrow of any government unit by force or violence, nor will I do so while involved with Sherburne County ARES.

Use Agreement

The undersigned applicant hereby authorizes the Elk River Emergency Management, during a declared Emergency event, training session, or other activity under the control of the Department, of which the member is participating, to exercise ownership and control of member's equipment.

Signed: _____

Date: _____

**General Authorization and Release of Information
Pursuant to Minn. Stst. Section 13.05 Subd. 4. (d) of the Minnesota Data Practices Act**

To Elk River Emergency Management

I, _____ hereby authorize and give my informed consent to permit you, Elk River Police Department to release and make available to Elk River Emergency Management and / or it's agents and / or representatives, data classified as private by Minn. Stat. 13.02 Subd. 12 except medical and psychological, which data concerns me, and which may be in your possession. The data which I authorize to be released consists of private data that has been collected by you as a result of my contacts and associations with you and / or your agents and representatives. Authorization is given to release ALL DATA which has been collected, created, received or retained in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting Elk River Emergency Management to have access to this data is to determine my eligibility for a volunteer position with the department, and to verify records and other information which I have provided to them.

I hereby authorize and grant my informed consent to permit you to make photocopies for Elk River Emergency Management of all private data which concerns me and is in your possession.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to the expiration date, cancel the written authorization by providing written notice to the department or to you of that fact.

Applicant full printed name: _____ Date: _____

Applicant signature: _____

**ACCIDENT WAIVER AND RELEASE OF LIABILITY
2006 Sherburne County ARES**

I acknowledge that the activities and/or events that I will participate in, while a member of this organization, are an extreme test of a person's physical and mental limits and carry with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, government officials, and event monitors, and lack of hydration. These risks are not only inherent to disaster service workers, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this organization. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in this organization and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the City Emergency Management, Sherburne County Emergency Management and Sherburne County ARES in which I may participate and that it will govern my actions and responsibilities at said organizational training and events.

In consideration of my application and permitting me to participate in this organization and the associated activities and/or events, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this organization's activities, THE FOLLOWING ENTITIES OR PERSONS: Amateur Radio Relay League, Sherburne County Amateur Radio Emergency Service, Sherburne County Emergency Communications Team, Sherburne County, City of Elk River, City of St Cloud, City of Princeton, Town of Zimmerman, City of Becker, City of Big Lake, Town of Santiago, Town of Orrock, American Red Cross, Sherburne County Sheriff, Elk River Police, St Cloud Police, Elk River Fire Department, Zimmerman Fire Department, Big Lake Fire Department, St Cloud Fire Department, Becker Fire Department, Princeton Fire Department, Elk River Emergency Management, Sherburne County Emergency Management, St Cloud Emergency Management, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during these activities. I understand that at these related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event commanders, managers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

PRINT NAME

AGE

SIGNATURE

DATE

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

If under 18 years old, parent or guardian must sign:

PRINT NAME (Parent or legal guardian of the above)

AGE

SIGNATURE

DATE