

# MINNESOTA ARES®



EMERGENCY COMMUNICATIONS

## Application Package

December 28, 2009

Due to the compilation of potentially sensitive data, this Minnesota ARES Application Form is marked FOR OFFICIAL USE ONLY (FOUO). This information may be exempt under the provisions of the Freedom of Information Act, 5 U.S.C. § 552. As such, anyone wishing to disseminate this document outside of the Amateur Radio Emergency Service, or currently authorized served agencies, should contact the Minnesota ARES Section Emergency Coordinator for disclosure review.

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## MINNESOTA ARES Membership Application

This is an application for the Minnesota Amateur Radio Emergency Service.

In order to serve effectively as a volunteer member of the emergency staff, access to otherwise restricted areas such as an EOC or incident scene may be required. To the extent that similar requirements exist for other members of the emergency staff with access to restricted areas, a limited background check for ARES 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 1<sup>st</sup> 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 information is requested for positive identification \*\*\*\*\*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Character references (call signs of current ARES members):

1: \_\_\_\_\_ 2: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward completed application to your local ARES Emergency Coordinator or District EC. Their names and addresses can be found on the Minnesota ARES website at: <http://www.minnesotaares.org>

**Minnesota ARES® Application**

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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?: \_\_\_\_\_

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**First Aid / Medical**

Month / Year of Training: \_\_\_\_\_ Location: \_\_\_\_\_

Level or Certification: \_\_\_\_\_ Are you an instructor?: \_\_\_\_\_

If yes, what do you teach?: \_\_\_\_\_

\*\*\*\*\*

**FEMA / NIMS Certifications\***

CLASS	DATE COMPLETED	LOCATION
IS-100 / ICS-100		
IS-200 / ICS-200		
IS-300 / ICS-300		
IS-400 / ICS-400		
IS-700 ( )		
IS-800 ( )		

\*A copy of all certificates shall be attached to this application package.

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Please include any additional training, education or experience you may have.

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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)