



K8MCA

Montgomery County, Ohio Amateur Radio Emergency Service®



ARES® Registration Form

New Change

Name (Last, First, MI): _____	ARES ID # _____	Date of Birth: _____
Mailing Address: _____	Call Sign: _____	License Class: _____
City, State, Zip Code: _____	Home Phone Number: _____ <input type="checkbox"/> Primary	Indicate primary means of contact in the event of an activation or ...
Prim. Email Address: _____	Work Phone Number: _____ <input type="checkbox"/> Primary	
Alt. Email Address: _____	Cell Phone Number: _____ <input type="checkbox"/> Primary	
Cell Email Address: _____	Pager Number: _____ <input type="checkbox"/> Primary	

Operating/Equipment Capability

Identify the communication bands and modes that you have the capability to operate as **F**ixed, **P**ortable or **M**obile.

MODE	160m	80m	40m	30m	20m	15m	10m	6 meters	2 meters	220 MHz	440 MHz	1.2 GHz	Other
SSB													
CW													
FM													
Digital													
Packet													
APRS													
ATV													
Satellite													
Other													

Can your home station be operated without commercial power? Yes No

Emergency Callout Availability: Day Night

Do you have any disabilities that would prevent you from serving in the field? Yes No

If "Yes", can you serve as a base operator from your home? Yes No

Mail completed ARES® Registration Forms & copies of all certifications to the Montgomery County Assistant Emergency Coordinator, Robert Flory KA5RUC, 321 Windsor Park Dr., Centerville OH 45459 or submit by email to ka5ruc@mocoares.com

**Montgomery County ARES Net meets every Tuesday
Evening at 8 PM local time on the 146.640(-) repeater.**

CERTIFICATION / TRAINING

Identify any emergency communication, disaster management training or certifications you have. Please submit copies of all certifications with the application.

ARRL Amateur Radio Emergency Communication Certification (ARECC)	Level 1*	Date Completed: _____	FIRST AID*	<input type="checkbox"/> Basic	Expires: _____
	Level 2	Date Completed: _____		<input type="checkbox"/> CPR	Expires: _____
	Level 3	Date Completed: _____		<input type="checkbox"/> AED	Expires: _____

FEMA	IS 100 Intro to the Incident Command System*	Date Completed: _____	ADVANCED	<input type="checkbox"/> EMT-B	Expires: _____
	IS 200 Single Resources & Initial Action Incidents*	Date Completed: _____	MEDICAL	<input type="checkbox"/> EMT-I	Expires: _____
	IS 700 National Incident Management System*	Date Completed: _____		<input type="checkbox"/> EMT-P	Expires: _____
	IS 800 National Response Framework*	Date Completed: _____		<input type="checkbox"/> Nurse	
				<input type="checkbox"/> Doctor	

CITIZENS EMERGENCY RESPONSE TRAINING (CERT)	Date Completed: _____	SKYWARN	ID# _____
OTHER (Specify) _____		<input type="checkbox"/> Basic	Date: _____
_____		<input type="checkbox"/> Advanced	Date: _____

Miami Valley Priority Traffic (MVPT) Mail List Email Cell/Pager

Mont. County Priority Traffic (MOCOPT) Mail List Email Cell/Pager

Club Affiliations: (Check all that apply)

American Radio Relay League	<input type="checkbox"/>
Centerville Amateur Radio Society	<input type="checkbox"/>
Dayton Amateur Radio Association	<input type="checkbox"/>
Huber Heights Amateur Radio Club	<input type="checkbox"/>
Mound Amateur Radio Association	<input type="checkbox"/>
Mont. Co. Emg. Communication Team	<input type="checkbox"/>
West Central Ohio Amateur Radio Assn	<input type="checkbox"/>
Other (specify): _____	

Agency Affiliations:

American Red Cross	_____
Government	_____
Fire Department	_____
Law Enforcement	_____
Medical	_____
Salvation Army	_____
Search & Rescue	_____
Other (specify)	_____

In signing the Montgomery County ARES® Application, it is understood that I must hold a valid Amateur Radio Operator License, possess a serious interest in providing emergency communications (community service) and committed to regular participation in meetings, nets, trainings, drills and community service events that will constitute the core group of prepared & ready-to-respond personnel. Furthermore, it is understood that I will be required to complete within the first year after joining the organization the required minimum training as denoted by the asteriks above.

Signature: _____

Date: _____