



K8MCA

Montgomery County, Ohio Amateur Radio Emergency Service®



ARES® Registration Form - FSD-98

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 call out.
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 (D-Star)													
Data													
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

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 Level 2 Level 3	Date Completed: Date Completed: Date Completed:	<hr/> <hr/> <hr/>	FIRST AID	<input type="checkbox"/> Basic <input type="checkbox"/> CPR <input type="checkbox"/> AED	Expires: _____ Expires: _____ Expires: _____
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FEMA				ADVANCED MEDICAL	<input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor	Expires: _____ Expires: _____ Expires: _____
IS 100 Intro to the Incident Command System		Date Completed:	<hr/>			
IS 200 Single Resources & Initial Action Incidents		Date Completed:	<hr/>			
IS 700 National Incident Management System		Date Completed:	<hr/>			
IS 800 National Response Framework		Date Completed:	<hr/>			

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

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) _____
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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.

Signature: _____ **Date:** _____