

ANDROSCOGGIN COUNTY

ARES/RACES Membership Application

Please type or print clearly

EOC Use Only

ARES/RACES #

Effective

Expires

Please complete all information & attach copy of current FCC license.

Completion of this Application DOES NOT OBLIGATE YOU.

Enrollment in RACES qualifies you for County insurance in the event RACES is activated, and you are performing duties.

This information provides a database of qualified Amateur Radio operators available for emergency activation.

ARES/RACES participation is voluntary.

Name			
Address			
City	Zip Code	County	
Phone	Work	Cell	
Amateur Call	License Class	Expiration Date	Date of Birth
Emergency Contact		Phone	

Email Address to receive ARES/RACES Alerts / Bulletins

You reside at the above address during what months? From _____ To _____

Are you capable of setting up a station in the field? Indicate what, below, if yes YES NO

What languages are you fluent? _____

In the event of an emergency do you have family members you must assist? YES NO

Are you willing to man a tactical location during a hurricane? YES NO

Is your home station capable of operation without commercial power? YES NO

Could you serve another area in Maine in an emergency? YES NO MILES AWAY

Indicate below any capabilities you have i.e. big beam, tall tower, high power, special mode etc. that could assist in the event of an emergency.

Modes	160	80	40	30	20	17	15	12	10	6	2	1.25cm	70cm	Add. Bands/ Comments
SSB- Power in Watts				NA										
CW- WPM														
TOR- RTTY, PSK31, WinLink, Pactor II, etc.														
SSTV, DSSTV, NBTV				NA										
Mobile / RV- Modes and Power in Watts														
Packet- Baud 300, 1k2, 9k6														
APRS- GPS, WX, DF, Tracker	NA	NA	NA		NA	NA	NA	NA	NA	NA		NA		
ATV- AM, FM	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
FM- Power in Watts	NA	NA	NA	NA	NA	NA	NA	NA						
Satellite- AO, FO, RS, SO etc.	NA	NA	NA	NA	NA	NA				NA		NA		

Other modes or special operation / capabilities / equipment i.e. CAP, Coast Guard, Marine, MARS, REACT, HF Contest Station, Remote Control, etc.

Use back of the application for additional space. Please be as detailed as possible with all information.

Other special considerations or capabilities

Signature _____ Date _____