

**(Your County) ARES/RACES
Emergent Volunteer Personal Data Sheet**

1. Personal Contact Information	
Name (Last, First, Middle):	
Callsign:	License: N <input type="checkbox"/> T <input type="checkbox"/> T+ <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/>
Phone Number – Home:	
Phone Number – Cell:	
Phone Number – Work:	
Email Address: (@arrl.net preferred)	
Street Address:	
City & Zip Code:	
Mailing Address: (if different than street)	
Next of Kin:	
Next of Kin Phone #	
Availability Dates:	From: _____ To: _____
ID Card:	County ID card - Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration date (mm/dd/yyyy) _____ State ARES/RACES ID card - Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration date (mm/dd/yyyy) _____
ARRL Membership:	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Equipment Capability	
2-Meter capability	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> GO-KIT <input type="checkbox"/> Hand-held <input type="checkbox"/>
440 MHz capability	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> GO-KIT <input type="checkbox"/> Hand-held <input type="checkbox"/>
HF capability	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> GO-KIT <input type="checkbox"/>
Digital Modes of Operation	Packet <input type="checkbox"/> D-STAR <input type="checkbox"/> Pactor <input type="checkbox"/> SSTV <input type="checkbox"/>
4-WD capability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Power capability	Batteries <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> Other <input type="checkbox"/>
3. Training Completed	
ICS Courses (check all that apply)	700 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> PIO <input type="checkbox"/>
ARRL Courses (check all that apply)	EC-01 <input type="checkbox"/> EC-02 <input type="checkbox"/> EC-03 <input type="checkbox"/>
Other Related Courses Completed:	VE Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____
Reviewed By:	Team Leader <input type="checkbox"/> EC <input type="checkbox"/> Training <input type="checkbox"/> Admin <input type="checkbox"/> ICS Staff <input type="checkbox"/>

Signature of Approving EC/AEC _____

Complete this form and submit it to the Emergent Ham Team Leader