



K8MCA Montgomery County, Ohio Amateur Radio Emergency Service®



ARES® Registration Form - FSD-98

New Change Current Year

Name (Last, First, MI): _____

ARES ID # _____

Date of Birth: _____

Mailing Address: _____

Call Sign: _____

License Class: _____

City, State, Zip Code: _____

Home Phone Number: _____ Primary

Prim. Email Address: _____

Work Phone Number: _____ Primary

Alt. Email Address: _____

Cell Phone Number: _____ Primary

Indicate primary means of contact in the event of an activation or call out.

Operating/Equipment Capability

Identify the communication modes that you have the capability to operate.

Voice	Home	Mobile	Portable	N/A
HF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echolink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Digital	Home	Mobile	Portable	N/A
APRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RTTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winlink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have HF Emergency Power Capability at home? Yes No

Do you have VHF Emergency Power Capability at home? Yes No

Emergency Callout Availability: Day Night Both

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

If "Yes", can you serve as Net Control from your home? Yes No

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

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)**

(** Course Discontinued)

EC-001 Date Completed: _____
 EC-002** Date Completed: _____
 EC-003** Date Completed: _____
 EC-016 Date Completed: _____

FIRST AID

Basic Expires: _____
 CPR Expires: _____
 AED Expires: _____

FEMA

IS 100 Intro to the Incident Command System Date Completed: _____
 IS 200 Single Resources & Initial Action Incidents Date Completed: _____
 IS 700 National Incident Management System Date Completed: _____
 IS 800 National Response Framework Date Completed: _____
 IS 802 Emg. Support Function (ESF) #2 Comms. Date Completed: _____

**ADVANCED
MEDICAL**

EMT-B Expires: _____
 EMT-I Expires: _____
 EMT-P Expires: _____
 Nurse
 Doctor

CITIZENS EMERGENCY RESPONSE TRAINING (CERT)

Date Completed: _____

SKYWARN

ID# _____
 Basic Date: _____
 Advanced Date: _____

OTHER (Specify)

**Do you want to subscribe to the Montgomery
County Priority Traffic (MOCOPT) Mail List ?**
 Please check subscription method.

Email Cell

Club Affiliations:
 (Check all that apply)

- American Radio Relay League
- Centerville Amateur Radio Society
- Dayton Amateur Radio Association
- Huber Heights Amateur Radio Club
- Mound Amateur Radio Association
- Mont. Co. Emg. Communication Team
- West Central Ohio Amateur Radio Assn
- 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.

Signature: _____

Date: _____