



MINNESOTA ARES Membership Application

This is an application for the Minnesota Amateur Radio Emergency Service.

In order to serve effectively as a volunteer member of the emergency staff, access to otherwise restricted areas such as an EOC or incident scene may be required. To the extent that similar requirements exist for other members of the emergency staff with access to restricted areas, a limited background check for ARES applicants may be performed.

** Indicate (X) bands/modes you can operate. Indicate (E) those that have emergency power at your home station. **

	160	80	40	30	20	17	15	12	10	6	2	440	900	1.2	?
<i>ATV</i>															
<i>CW</i>															
<i>FM</i>															
<i>SSB</i>															
<i>Packet</i>															
<i>Mobile</i>															
<i>Handheld</i>															

Callsign: _____ Class: _____ Year 1st Licensed: _____
 Last Name: _____ First Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Cell: _____ Nextel Direct Connect: _____
 Email: _____ Pager: _____
 Person to notify in case of illness (Name/Phone): _____

***** The following information is requested for positive identification *****

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Character references (call signs of current ARES members):

1: _____ 2: _____

Signature: _____ Date: _____

Please forward completed application to your local ARES Emergency Coordinator or District EC. Their names and addresses can be found on the Minnesota ARES website at: <http://www.minnesotaares.org>

Minnesota ARES® Application

Training: Please include a photocopy of all licenses and certifications

Amateur Radio

Call Sign: _____ Class: _____

Please list the following equipment you may have:

Mobile: VHF / UHF / Dual Band Portable: VHF / UHF / Dual band

Base Station: _____ (please describe)

Computer / Packet: _____ (please describe)

Do you have stand-by power or generator power? Yes / No Describe: _____

SKYWARN Training

Month / Year of Training: _____ Location: _____

SKYWARN Spotter #: _____ Are you an instructor?: _____

First Aid / Medical

Month / Year of Training: _____ Location: _____

Level or Certification: _____ Are you an instructor?: _____

If yes, what do you teach?: _____

FEMA / NIMS Certifications*

CLASS	DATE COMPLETED	LOCATION
IS-100 / ICS-100		
IS-200 / ICS-200		
IS-300 / ICS-300		
IS-400 / ICS-400		
IS-700 ()		
IS-800 ()		

*A copy of all certificates shall be attached to this application package.

Please include any additional training, education or experience you may have.
