



Clatsop County ARES/RACES Membership Application



Name _____ Call Sign _____ Class

Drivers Lic. # _____ Exp _____ Date of Birth _____ Place of Birth

Address _____ City _____ State/ZIP

Phone numbers home / cell / work

Email address: _____

Place of Employment _____ Phone Number

Do you have any outstanding warrants or have you ever been convicted of a felony? Yes/No

If you answered yes to the above please list the date and nature of the offense.

In order to participate in RACES Events, a Sheriff's Office RACES ID card is required. To obtain a Clatsop County Sheriff's Office RACES ID badge you are required to have the following training certificates of completion on file with the ARES organization. Please indicate the training you have completed and provide copies with this application. If you have not completed them, you must do so before submitting this application. You must also attach a digital photo in JPG format on a CD with this application along with a finger print card. You can make arrangement with the Clatsop County Jail to get fingerprinted. You must have this application with you when you go to get fingerprinted.

- ICS 100 ICS 200 ICS 700
 First Aid CPR EmComm 1

Signature of Applicant: _____ Date: _____

Acceptance by ARES/RACES Leadership: _____

Last Name: _____ First Name: _____ M.I. _____

Call Sign: _____ E-Mail: _____

Mailing Address: _____

Street Address (if different): _____

Phone Numbers: Home): _____ Work): _____

Cell): _____ Pager: _____

License Class: _____ Year First Licensed: _____

Do You)

Operate VHF: Yes or No _____ Operate HF: Yes or No _____ Operate Packet: Yes or No _____

Operate CW: Yes or No _____ wpm Operate WINLINK / AirMail: VHF _____ HF _____

Have a Hand held: Yes or No _____ Which Bands? 6m _____, 2m _____, 70cm _____, 1.25m _____

Have HF Station: Home _____ Mobile _____

Have VHF or VHF/UHF Station: Home _____ X-Band Repeat _____

Have VHF or VHF/UHF Station: Mobile _____ X-Band Repeat _____

Have Mobile APRS: Yes or No _____ Have VHF/UHF Winlink AirMail Station: Yes or No _____

Have HF Winlink AirMail Pactor Station: Home _____ Mobile _____ Pactor (1) (1&2) (1,2,&3) _____

Have Emergency Power at Home: Yes or No _____ Have a 4 Wheel Drive: Yes or No _____

Have a Chain Saw: Yes or No _____ Bar Length: _____

Mark with the year, the following Classes:

ICS 100: _____ ICS 200: _____ ICS 700: _____

ICS 300 _____ ICS 400: _____

FIRST AID: _____ CPR: _____

ARRL E-COMM 1: _____ E-COMM 2: _____ E-COMM 3: _____

ANY OTHER

CLASSES: _____