

YORK ARES RACES SKYWARN (YARS)
AMATEUR RADIO EMERGENCY COMMUNICATIONS
VOLUNTEER APPLICATION
TODAYS DATE: ____/____/____

OPERATOR NAME: _____ CALLSIGN: _____

HOME ADDRESS: _____ NICK NAME: _____

LICENSE CLASS: _____

TELEPHONE: HOME _____ WORK _____ CELL _____

EMAIL: _____

PERSON TO CONTACT IF YOU ARE INJURED/ILL: _____

TELEPHONE NUMBERS: _____

ARE YOU TWENTY-ONE OR OLDER: YES ___ NO ___ IF NO, HOW OLD: _____

ARE YOU A REGISTERED MEMBER OF ARES/RACES YES ___ NO ___ HEARS: YES ___ NO ___

ARE YOU WILLING TO HAVE A BACKGROUND CHECK: YES ___ NO ___ (State Police, not financial)

ARE YOU CERTIFIED IN FIRST AID/CPR/AED: NO ___ YES _____

HAVE YOU WORKED PRIOR DRILL/EVENT: YES ___ NO ___ HOW MANY _____

HAVE YOU COMPLETED ARECC LEVEL I: YES ___ NO ___ LEVEL II : YES ___ NO ___

HAVE YOU COMPLETED FEMA IS-100 YES ___ NO ___ FEMA IS-700 YES ___ NO ___

DO YOU HAVE SPECIAL TRAINING I.E. SAR, DISASTER ASSESSMENT, SKYWARN: YES ___ NO ___

IF YES, LIST TRAINING: _____

DO YOU HAVE MOBIL/PORTABLE EQUIPMENT: YES ___ NO ___

IF YES, BANDS AND MODES _____

DO YOU HAVE 2 METER AND/OR 440 HT: YES ___ NO ___ TONE CAPABLE: YES ___ NO ___

DO YOU HAVE PORTABLE ANTENNAS: YES ___ NO ___ BANDS: _____

DO YOU HAVE BATTERY POWER: YES ___ NO ___ DEEP CYCLE FOR 24 - 48 HOURS _____

DO YOU HAVE A "TAKE AWAY/JUMP" KIT: YES ___ NO ___

ARE YOU WILLING TO TRAVEL WITHIN 50 MILES: YES ___ NO ___

DO YOU HAVE YOUR OWN TRANSPORTATION: YES ___ NO ___

WILL YOU WORK AN 8 HOUR SHIFT: YES ___ NO ___ MULTIPLE 8 HOURS SHIFTS YES ___ NO ___