

Ocean County ARES Registration Form

PLEASE RETURN THIS PAGE TO THE ARES EMERGENCY COORDINATOR
Admin at wa2res.com

Full Name: (Last, First, MI)

Upload a photo of yourself, portrait style.
Upload image (any GIF, JPG, or PNG)

Amateur Radio Call Sign:

Home Address:

City / State / Zip:

County of Residence:

Email:

Email Opt-In: (Yes, No)
May we send you occasional announcements and updates?

Primary Phone:

Alternate Phone:

Amateur Radio operator and station capabilities

Current license class:

How many years have you been licensed:

Are you an experienced HF operator:

Do you have experience as a net control station:

Are you a CW operator:

Are you experienced with radio email systems such as Winlink:

Do you have experience with APRS:

Do you have experience with Packet:

Do you have experience setting up mesh networks:

Do you have experience with FLDigi:

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Do you have experience with digital voice modes: (D-Star, C4FM, DMR, P25)

Do you have experience with message handling: (This may include ICS-213s, radio email, Radiograms, or other forms of written traffic sent via radio networks)

Have you completed any of the following courses?

ARRL EC-001 Introduction to Emergency Communications:

ARRL's Public Service and Emergency Communications Management for Radio Amateurs (EC-016) course:

ARRL PR-101 course for Public Information Officers:

Basic SKYWARN training:

DHS OEC Auxiliary Communications Workshop:

Completed ICS-100:

Completed ICS-200:

Completed ICS-300:

Completed ICS-400:

Completed ICS-700:

Completed ICS-800:

Completed CPR training within the last two years: (Answer yes only if your training is current)

Completed First Aid training within the last two years: (Answer yes only if your training is current)

Self-Selected Groups

I am a member of Hurricane Watch Net:

I am a member of SATERN:

I am a member of US Army MARS:

I am a member of USAF MARS:

I am a participant of VOIP Hurricane Net:

I am an ARRL Member:

I am an NTS participant:

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When would you be available to support emergency communications operations?
(Please be specific. Days, nights, weekends, etc. This is to avoid calling a member who is employed during the day to support communications from 8:00AM to 5:00PM.)

Do you want to be invited to take part in OCARES Groups.io? ____ Yes ____ No
(If Yes, an invitation to join will be sent to the email address provided above)

Only the EC and Assistant EC's will be given your phone number. It will not appear on the member roster. Email addresses are used only for periodic updates of ARES activities, ARRL ARES Connect and the OCARES Groups.io.

SIGNATURE _____ DATE _____

- Entered in Database Photo License Verification
- Badge Ordered Groups.io Invite Date Received _____
(Area reserved for administrative processing)