

# Menominee County ARES/RACES Registration



<b>Name</b>		First	Full Middle		Last		
<b>Address</b>				<b>Call Sign</b>	<b>EXP Date</b>		
<b>City</b>		<b>County</b>		<b>State</b>	<b>Zip Code</b>		
<b>Phone Numbers</b>		<b>Home</b>	<b>Cell</b>		<b>Work</b>	<b>EXT</b>	
<b>Drivers License Number</b>			<b>State Issued</b>		<b>DOB</b>		
<b>License Class</b>		<b>ARRL Member</b>		<b>YES/NO</b>		<b>Winlink Address</b>	
<b>FEMA Training</b>		<b>Emergency Training</b>		<b>Skywarn</b>	<b>EMCOMM</b>	<b>Other Training list below</b>	
ICS-100	YES/NO	First Aid	YES/NO	Basic	YES/NO	EC-001	YES/NO
ICS-200	YES/NO	CPR	YES/NO	Advanced	YES/NO	EC-002	YES/NO
ICS-300	YES/NO	AED	YES/NO			EC-003	YES/NO
ICS-400	YES/NO	EMS	YES/NO			KY	YES/NO
ICS-700	YES/NO	FIRE	YES/NO				
ICS-800	YES/NO	SAR	YES/NO				

Please list your equipment and Capabilities IE: HF, UHF, VHF

**Emergency Power**

<b>Base</b>	YES/NO
<b>Mobile</b>	YES/NO
<b>Portable</b>	YES/NO

Please understand that as a member of RACES there are requirements of specified training in ICS classes that is required.

**Email Address**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand the duties performed for ARES / RACES are under the supervision of the Emergency Management Coordinator of the County. I understand that providing my name, birth date and drivers license # authorizes my background to be checked for any criminal history, which may invalidate membership status. This determination in no way is based upon my gender, race, creed, national origin, etc.

ARES/RACES EC signature: \_\_\_\_\_ Date: \_\_\_\_\_ Expires: \_\_\_\_\_

Menominee EC: Chris Rohde

I'm enclosing a copy of my FCC license and copies of certificates of completion for any FEMA home study courses I have taken.