

MISSION VIEJO RACES-ARES APPLICATION



NEW MEMBER APPLICATION

UPDATE PREVIOUS INFORMATION

PLEASE PRINT:

Today's Date: Month Day Year FCC Callsign: _____
 License expires: ⇄ Month Day Year Class

Last Name: _____ Suffix: _____ First Name: _____ Middle Name: _____

Street Address: _____ Date-of-Birth: _____

City: _____ State: _____ Zipcode: _____ County: _____

Home Telephone: _____ Call for Activation Notice? Yes No

Work Telephone: _____ Yes No

Cellphone: _____ Yes No

Other (Smartphone?): _____ Yes No

Amateur Radio Affiliations/Memberships

Check all that apply

- | | | |
|--|--------------------------------|-------------------------------------|
| <input type="checkbox"/> ARRL | <input type="checkbox"/> SOARA | <input type="checkbox"/> SKYWARN |
| <input type="checkbox"/> ARES | <input type="checkbox"/> HDSCS | <input type="checkbox"/> CERT |
| <input type="checkbox"/> RACES | <input type="checkbox"/> VE | <input type="checkbox"/> CEPA |
| <input type="checkbox"/> Other (specify) | | <input type="checkbox"/> Fire Watch |
| <input type="checkbox"/> Other (specify) | | |

E-mail Address (PRIMARY): _____ (SECONDARY): _____ Internet at Home? Yes No

Any physical limitations? _____

California Driver's License Number: _____

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

In Case of Emergency, notify: Name		Street Address	
City	State	Zipcode	Telephone, primary
			Telephone, alternate

Applicant's Signature: _____ Date: _____

California Government Code

"3101. For the purpose of this chapter the term "disaster service worker" includes all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council...3102. (a) All disaster service workers shall, before they enter upon the duties of their employment, take and subscribe to the oath or affirmation required by this chapter...3103. The oath or affirmation required by this chapter is the oath or affirmation set forth in Section 3 of Article 20 of the Constitution of California."

===== CITY / RACES USE ONLY =====

Application Approved Denied Date: _____ DSW Oath - Date: _____

Security Check Completed - Date: _____ ID Card Issued - Date: _____

ARES Card Issued - Date: _____

Membership Level: Level 1 Level 2 (SOCMAT)

Chief Radio Officer: _____ Date: _____

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Equipment Resources

Date _____

Call Sign _____

First Name _____

Last Name _____

Modes / Bands

(Check all bands / modes you can operate with your equipment)

	160	80-75	40	20	15	12	10	6	2	220	440	1.2G	OTHER FRS, GMRS, CB ? (list)
HT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DSTAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SSB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PSK-31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WINLINK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broadband HAMNET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RADIO GO-BOX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BBHN NODE NAME: _____ BAND: _____

ECHOLINK NODE: _____ FREQUENCY: _____

PACKET NODE NAME: _____ FREQUENCY: _____

CIRCLE or CHECK ALL THAT APPLIES:

OPERATE WITHOUT COMMERCIAL POWER? NO YES (if YES HF VHF/UHF)

Alternate Source = BATTERY GENERATOR SOLAR OTHER _____

Position Specific GO-KIT Personal GO-KIT Radio GO-KIT _____

OTHER AVAILABLE EQUIPMENT (EI. 4-WHEEL VEHICLE, PORTABLE TOWER, ANTENNAS, ETC.) *List below:*

SPECIALIZED TRAINING AND DATE CERTIFIED *SUBMIT COPY OF ALL NEW CERTIFICATES*

Required FEMA Courses - IS-700 _____ IS-100 _____ IS-200 _____

OTHER FEMA Courses: _____

V-C-N Courses: SOCMAT-031 SOCMAT-044 SOCMAT-242 SOCMAT-262 SOCMAT-264 _____

ARRL ECOMM Courses: older LEVEL-1 LEVEL-2 LEVEL-3 or the newer EC-001 EC-016

OTHER: CEPA, CERT, CPR, EMT, FIRST AID, Red Cross Courses, SKYWARN, Fire Watch, etc. LIST BELOW