



## Amateur Radio Emergency Services (ARES)

### Emergent Volunteer Evaluation Form

***This form is to be completed by the Emergent Ham Team Leader or Supervisor***

1. Personal Evaluation & Data	
Name (Last, First, Middle)	
Call	
Appearance	Neat & Clean – Yes <input type="checkbox"/> No <input type="checkbox"/> Personal Hygiene - Yes <input type="checkbox"/> No <input type="checkbox"/>
Works Well With Others	Yes <input type="checkbox"/> No <input type="checkbox"/>
Listened To Critique	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asked Question In Order To Learn	Yes <input type="checkbox"/> No <input type="checkbox"/>
Follows Instructions/Directions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Team Player	Yes <input type="checkbox"/> No <input type="checkbox"/>
Volunteer To Work Without Being Told	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has Proper GO-KIT	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has Mission Capable Radio Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical or Physical Issues	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommended For Further Assignments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home County	
Dates Worked	From:                      To:
2. Equipment Knowledge	
Can Work Radio Equipment Properly	Yes <input type="checkbox"/> No <input type="checkbox"/>
Knows Proper Radio Procedure	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can Fill Out ICS-213	Yes <input type="checkbox"/> No <input type="checkbox"/>
Modes of Operation Capability	Packet <input type="checkbox"/> D-STAR <input type="checkbox"/> Pactor <input type="checkbox"/> SSTV <input type="checkbox"/> HF <input type="checkbox"/> Other
Computer Knowledge & Capability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Qualified To Trouble Shoot Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Training Completed	
ICS Courses (check all that apply)	700 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> PIO <input type="checkbox"/>
ARRL Courses (check all that apply)	EC-01 <input type="checkbox"/> EC-02 <input type="checkbox"/> EC-03 <input type="checkbox"/>
Other Related Courses Completed	First Aid - Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Reviewed / Approved By	Team Leader <input type="checkbox"/> EC <input type="checkbox"/> Training <input type="checkbox"/> Admin <input type="checkbox"/> ICS Staff <input type="checkbox"/>