



Amateur Radio Emergency Services (ARES)

Emergent Personnel Data Form

Complete this form and submit it to the Emergent Ham Team Leader

1. Personal Contact Information	
Name (Last, First, Middle)	
Call	License N <input type="checkbox"/> T <input type="checkbox"/> T+ <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/>
Phone Number - Home	
Phone Number - Cell	
Phone Number - Work	
Email Address (ARRL address if possible)	
Street Address	
City & Zip Code	
Mailing Address (if different than street)	
City & Zip Code (if different than street)	
Next of Kin	
Next of Kin Phone #	
Availability Dates	From: _____ To: _____
ID Card	County ID card - Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration date (mm/dd/yyyy) State Yellow card - Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration date (mm/dd/yyyy)
ARRL Membership	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Equipment Capability	
2-Meter capability	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> GO-KIT <input type="checkbox"/> Hand-held <input type="checkbox"/>
440 MHz capability	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> GO-KIT <input type="checkbox"/> Hand-held <input type="checkbox"/>
HF capability	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> GO-KIT <input type="checkbox"/>
Digital Modes of Operation	Packet <input type="checkbox"/> D-STAR <input type="checkbox"/> Pactor <input type="checkbox"/> SSTV <input type="checkbox"/>
4-WD capability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Power capability	Batteries <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> Other <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	VE 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"/>