

CLACKAMAS COUNTY ARES® STANDARDIZED TRAINING AND ASSESSMENT PLAN



ARES® EMERGENCY COMMUNICATOR INDIVIDUAL TASK BOOK

Task Book Assigned To:

Name _____ Call: _____

ARES Group: _____

Phone Number: _____ Email: _____

Task Book Initiated By:

CARES® Leader's Name (AEC/EC): _____ Call: _____

Title: _____ ARES Group: _____

Phone Number: _____ Email: _____

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

Task Book

The Task Book enables those electing to participate in Clackamas County Oregon ARES® (CARES) to track and document their training elements as they are completed towards increasing levels of proficiency. The Task Book should contain all training plan items, completion dates and sign-offs. The ARES® communicator is responsible for maintaining their Task Book and having it with them during training or operational deployments.

Minimum proficiencies and skills per level are listed. Prior known experience or previous versions of courses may be substituted for some listed tasks with appropriate evaluation and sign-off.

NOTE: The *approving AEC* must meet/exceed qualifications for each level they are signing off on.

Three levels of training will allow ARES communicators to enter the program and migrate to higher levels of qualification and service.

- **Level 1** — This is the temporary entry level for those who are new to Amateur Radio or emergency communications. This training will focus on the fundamentals of emergency communications, and provide instruction on how communicators are to conduct themselves while serving. The key requirements for Level I are obtaining at least a Technician Class FCC license, 6 months CARES membership, and attending the Introduction to CARES training. As a Level I member, you are expected to achieve Level II status within one year achieving Level I status. CARES Members working toward Level I are called “provisional members.”
- **Level 2** — To qualify for this level, communicators shall have completed the following courses: ARRL’s EC-001 Introduction to Amateur Radio Emergency Communications (a no-cost program) and FEMA ICS-100, ICS-200, ICS-700 and ICS-800. Communicators are also encouraged to take advantage of training opportunities available through partners and online to enhance their knowledge and skill set. Level II is the level expected for emergency deployment.
- **Level 3** — This level of training prepares ARES communicators to take on leadership positions such as EC, ADEC, DEC, ASEC, and SEC, and other designated positions in the ARES program. Communicators are required to complete ARRL’s EC-016, Emergency Communications for Management, when available along with FEMA Professional Development Series of courses ICS- 120, ICS-230, ICS-240, ICS-241, ICS-242, ICS-244, and ICS-288 the Role of voluntary Organizations in Emergency Management. Communicators also are encouraged to complete the FEMA courses ICS- 300, and ICS-400 should they be available locally.

Completion of all training programs will be verified by the communicator’s Emergency Coordinator (EC) before the communicator advances to the next level.

Responsibilities:

Individual

- Reviewing and understanding Task Book requirements
- Identifying desired objective/goal
- Satisfactorily demonstrate completion of tasks for each level
- Assure the evaluations are completed
- Maintain and keep the Task Book up to date
- Make Task Book available during assignments
- Responsible for submitting completed Task Book to Section Management

Evaluator

- Be knowledgeable and proficient in the tasks being evaluated and approved
- Meeting with Communicator and evaluating past experiences, current qualifications and desired objectives/goals
- Reviewing tasks with Communicator
- Documenting completion of tasks with Task Book sign offs
- Completing the sign off, and providing appropriate comments regarding areas for improvement and/or focus

CARES Responsibilities

It is the responsibility of each Clackamas ARES® communicator to be prepared with the proper dress, equipment, knowledge and demeanor to support the assigned task and the organization. If you are unable to perform your assignment, please let your Team Leader or requesting agency know so that you may be assigned appropriately or excused.

Under the discretion of the EC, any member may be temporarily or permanently dismissed for any reason.

Operational Responsibilities

Prior to and at Staging

- Receive Job assignment, reporting location and travel instructions (do not self-deploy).
- Verify equipment needed for assignment.
- Assess personal readiness for incident and climate (physical condition, clothing, medications, money, equipment and guides, "96-hour Go-Kit", etc.)
- Perform a check-list of your equipment and personal "96-hour Go-Kit."
- Inform others or leave publically visible record as to where you are going and how to contact you.
- Review your Operations and Procedures Notebook/Documentation.
- Check in at Staging Area.
- Obtain briefing from Agency Lead or Resource Team Leader regarding incident/event including frequency plan.
- Ensure all personnel are fed and housed properly, and are working in a safe environment throughout assignment/deployment.
- All equipment should be permanently marked with your call sign.

At Assignment

- Check in with the on-site leader or served agency official.
- Check in with Net Control to inform you are on site.
- Determine location to set up equipment.
- Safely set up your equipment.
- Maintain personal log of actions, events and suggestions for future improvement on appropriate ICS forms.
- Establish radio contact with net control per frequency plan.
- Prepare and maintain reports and forms relevant to your tasks.
- Use clear text and ICS terminology in all radio communications (no codes).
- Carry out assignments as directed.

At end of shift or demobilization

- Brief relief communicator on ongoing operations when relieved.
- If indicated, retrieve all personal gear and return your area to pre-arrival condition.
- Check out with Net Control or return to staging area.
- Report to Staging Area for rest, reassignment or deactivation.
- Participate in after action activities [known as a Hot Wash] as directed.

Team Leader Responsibilities

- The primary responsibility of the Team leader is to monitor safety and security of unit.
- Participate in incident meetings and briefings as required.
- Determine current status of unit activities.
- Determine resource needs.
- Create team plan: personnel, assignments, durations, definitions of success.
- Order additional resources as needed.
- Assign specific duties, provide briefing on operation, success criteria, safety.
- Provide unit with status updates and reports.
- Maintain personnel accountability status.
- Supervise demobilization.
- Lead team after action activity.
- Ensure team has appropriate food, water and shelter.
- Collect and maintain all unit records and forms, including after-action documentation.

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

| ARES® TRAINING LEVEL | | | |
|--|---------|--|------------------------------|
| LEVEL I | | | |
| TASK | Req/Opt | COMPLETION DATE | EC Sign Off |
| Education/Qualifications | | | |
| 18 years of age or older | R | | |
| Technician Class FCC Amateur Radio License (minimum level) | R | | |
| 6 Months membership in CARES | R | | |
| Introduction to CARES Part 1 (4 Hour CARES Training) | R | | |
| Introduction to CARES Part 2 (4 Hour CARES Training) | R | | |
| Attend at least 3 monthly CARES meetings each 6 months. (Recommended attendance in CARES sub-unit meetings.) (Excused by discretion of the EC) | R | (Ongoing requirement to maintain level.) | See task list on page 14/15. |
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| Comment: | | | |

LEVEL I Completion Record

The listed tasks for CARES® SECTION/DISTRICT/UNIT SPECIFIC TRAINING having been dated and initialed indicate successful completion of all the tasks required of the CARES® Level I.

_____The individual is certified as completing **SECTION/DISTRICT/UNIT SPECIFIC TRAINING requirements.** _

Date: _____ EC _____

Comments: _____

Please forward notice of completion to CARES EC and Individual should maintain a copy.

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

| ARES® TRAINING LEVEL | | | |
|--|---------|--|------------------------------|
| LEVEL II | | | |
| TASK | Req/Opt | COMPLETION DATE | EC Sign Off |
| Education | | | |
| Sign off on LEVEL I | R | | |
| ARRL Introduction to Emergency Communication (EC-001) (When available) | R | | |
| ICS-100.b - Introduction to Incident Command System https://training.fema.gov/is/courseoverview.aspx?code=IS-100.b | R | | |
| ICS-200.b – ICS for Single Resources & Initial Action Incidents https://training.fema.gov/is/courseoverview.aspx?code=IS-200.b | R | | |
| ICS-700.a – NIMS, An Introduction https://training.fema.gov/is/courseoverview.aspx?code=IS-700.a | R | | |
| ICS-800.b – National Response Framework, An Introduction https://training.fema.gov/is/courseoverview.aspx?code=IS-800.c | R | | |
| SKYWARN Spotter Training https://www.skywarn.org/training/ | R | | |
| Attend at least 3 monthly CARES meetings each 6 months. (Recommended attendance in CARES sub-unit meetings.) (Excused by discretion of the EC) | R | (Ongoing requirement to maintain level.) | See task list on page 14/15. |
| Disaster Communication: Principles, ICS message forms, ITU phonetics & pro-signs, and voice message passing. (CARES Training) | R | | |
| DC Power (CARES Training) | R | | |
| Basic WINLINK Training (CARES Training) | R | | |
| | | | |
| | | | |
| Comment: | | | |

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

| ARES® TRAINING LEVEL | | | |
|---|---------|--|------------------------------|
| LEVEL II (Continued) | | | |
| TASK | Req/Opt | COMPLETION DATE | EC Sign Off |
| Proficiencies/Skills/Participation | | | |
| Maintain Amateur Radio License (Technician or higher) | R | | |
| Demonstrate ability to program tone into radio | R | | |
| Demonstrate ability to program frequency & offset into radio | R | | |
| Demonstrate knowledge of ITU phonetic alphabet | R | | |
| Actively participate in at least one field Simulated Emergency Test (SET) per year. | R | Ongoing requirement to maintain level. | See task list on page 14/15. |
| Actively participate in at least county exercise per year. | R | Ongoing requirement to maintain level. | See task list on page 14/15. |
| Send and receive ICS-213 messages by voice | R | | |
| Demonstrate composing and sending WINLINK communication | R | | |
| Demonstrate composing and sending ICS-213 forms via WINLINK communication | R | | |
| CARES and/or Sub-unit Net Participation (Once per Month) | R | Ongoing requirement to maintain level. | See task list on page 14/15. |
| Demonstrate the ability to relay simplex traffic on VHF/UHF on ICS-213 forms | R | | |
| Set-up and demonstrate proficiency in SSTV | R | | |
| Comment: | | | |

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

| ARES® TRAINING LEVEL LEVEL II (Continued) | | | |
|---|---------|-----------------|-------------|
| TASK | Req/Opt | COMPLETION DATE | EC Sign Off |
| Materials | | | |
| Obtain transceiver (25W or higher) capable of at least the 144/440MHz Bands, plus appropriate antennas for those bands. | R | | |
| Obtain and label standard CARES vest and hard hat | R | | |
| Prepare and maintain 96 hour kit and appropriate supplies | R | | |
| Approved battery charger and appropriate battery | R | | |
| Other /Unit Specific/Sub-Unit Specific | | | |
| | | | |
| | | | |
| Comment: | | | |

LEVEL II Completion Record

The listed tasks for ARES® SECTION/DISTRICT/UNIT SPECIFIC TRAINING having been dated and initialed indicate successful completion of all the tasks required of the ARES® Level II.

_____The individual is certified as completing **SECTION/DISTRICT/UNIT SPECIFIC TRAINING requirements.** _

Date: _____ EC _____

Comments: _____

Please forward notice of completion to CARES EC and Individual should maintain a copy.

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

| ARES® TRAINING LEVEL | | | |
|---|--------------------|-----------------|--------------------|
| LEVEL III | | | |
| TASK | Req/Opt | COMPLETION DATE | EC or DEC Sign Off |
| Education | | | |
| General Class License (or higher) | R | | |
| Sign off on LEVEL II | R | | |
| FEMA Professional Development Series ICS-288 the Role of Voluntary Organizations in Emergency Management. | R | | |
| ARRL's <i>EC-016, Emergency Communications for Management</i> , when available | R (When available) | | |
| FEMA Professional Development Series ICS-120 | R * | | |
| FEMA Professional Development Series ICS-230 | R * | | |
| FEMA Professional Development Series ICS-241 | R * | | |
| FEMA Professional Development Series ICS-242 | R * | | |
| FEMA Professional Development Series ICS-244 | R * | | |
| | | | |
| FEMA IS-300 if available locally | O ‡ | | |
| FEMA IS-400 if available locally | O ‡ | | |
| <p>* Can be excused at EC discretion ‡ May be required at EC discretion</p> | | | |
| <p>Comment:</p> | | | |

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

| ARES® TRAINING LEVEL LEVEL III (Continued) | | | |
|---|---------|--|------------------------------|
| TASK | Req/Opt | COMPLETION DATE | EC or DEC Sign Off |
| Proficiency/Skill/Participation | | | |
| Net Participation – once per month. Ongoing requirement to maintain level. | R | Ongoing requirement to maintain level. | See task list on page 14/15. |
| Participate in 2 Simulated Emergency Test per year. Ongoing requirement to maintain level. | R | Ongoing requirement to maintain level. | See task list on page 14/15. |
| Participate in 2 County Exercises Annually | R | Ongoing requirement to maintain level. | See task list on page 14/15. |
| Serve as Net Control (CARES and/or sub-unit nets) at least two times in each 6 month period. Ongoing requirement to maintain level. | R | Ongoing requirement to maintain level. | See task list on page 14/15. |
| Submit appropriate reports including Net reports, Training reports, Timesheets, etc. in a timely manner. | R | | |
| Demonstrate ability to build a simple dipole, J-Pole or similar antenna | R | | |
| Demonstrate ability to build Powerpole® adapter cable | R | | |
| Demonstrate ability to attach PL259 coax connectors | R | | |
| Maintain 96-hour Kit (specified in a separate document.) | R | | |
| Show proficiency in voice HF peer-to-peer message passing. | O | | |
| Other /Unit Specific/Sub-Unit Specific | | | |
| | | | |
| | | | |

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

ARES® TRAINING LEVEL

LEVEL III (Continued)

Comment:

LEVEL III Completion Record

The listed tasks for ARES® UNIT SPECIFIC TRAINING having been dated and initialed indicate successful completion of all the tasks required of the ARES® Level III.

_____ The individual is certified as completing UNIT SPECIFIC TRAINING requirements. _____ The individual is in need of additional training as indicated below. (Optional)

Date: _____ SEC, DEC or EC _____

Comments: _____

Please forward notice of completion to CARES EC and Individual should maintain a copy.

ONGOING TASKS COMPLETED BY MONTH (INSERT COPIES OF THESE MONTHLY PAGES EACH YEAR)

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

YEAR _____

January

- 1.
- 2.
- 3.
- 4.

February

- 1.
- 2.
- 3.
- 4.

March

- 1.
- 2.
- 3.
- 4.

April

- 1.
- 2.
- 3.
- 4.

May

- 1.
- 2.
- 3.
- 4.

June

- 1.
- 2.
- 3.
- 4.

July

- 1.
- 2.
- 3.
- 4.

August

- 1.
- 2.
- 3.
- 4.

September

- 1.
- 2.
- 3.
- 4.

October

- 1.
- 2.
- 3.
- 4.

November

- 1.
- 2.
- 3.
- 4.

December

- 1.
- 2.
- 3.
- 4.

CLACKAMAS COUNTY ARES STANDARDIZED TRAINING PLAN TASK BOOK

ONGOING TASKS COMPLETED BY MONTH (INSERT COPIES OF THESE MONTHLY PAGES EACH YEAR)

YEAR _____

January

- 1.
- 2.
- 3.
- 4.

February

- 1.
- 2.
- 3.
- 4.

March

- 1.
- 2.
- 3.
- 4.

April

- 1.
- 2.
- 3.
- 4.

May

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- 2.
- 3.
- 4.

June

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- 2.
- 3.
- 4.

July

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- 2.
- 3.
- 4.

August

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- 2.
- 3.
- 4.

September

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- 3.
- 4.

October

- 1.
- 2.
- 3.
- 4.

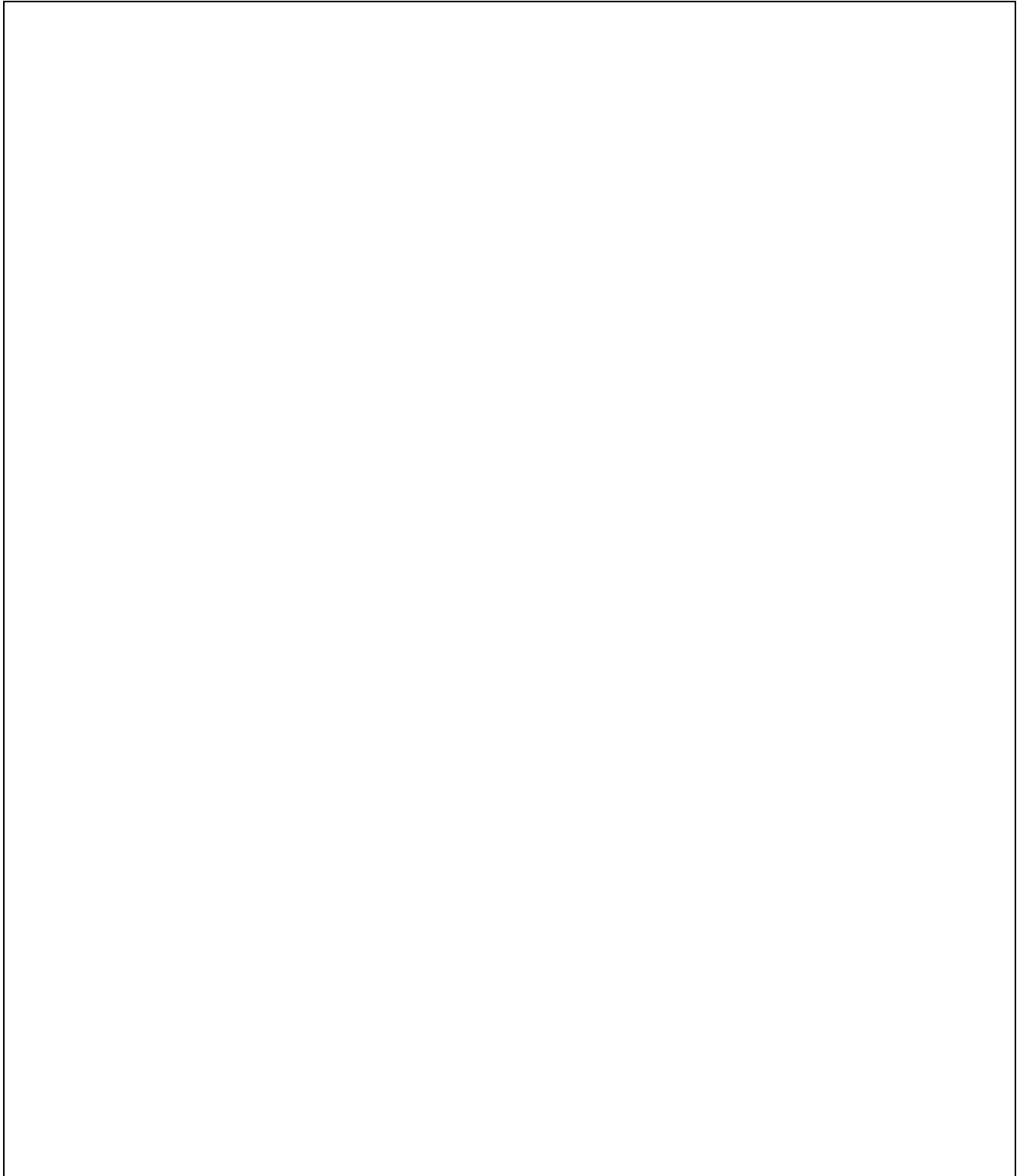
November

- 1.
- 2.
- 3.
- 4.

December

- 1.
- 2.
- 3.
- 4.

Attach Copies of FEMA/NIMS ICS Course Certificates, FCC License and any other relevant certifications or records here:



NAME: _____ CALL: _____ LICENSE CLASS: _____
HOME GROUP: _____ DATE: _____