



# CARES Member Data Sheet

## 1. Contact Information:

<b>Name:</b>								
<b>Callsign:</b>		<b>License Class:</b>	N	T	T+	G	A	E
<b>Phone (Cell):</b>		<b>Provider (SMS):</b>						
<b>Email:</b>								
<b>Address:</b>								
	<b>City:</b>		<b>Zip:</b>					
<b>Emergency Contact:</b>				<b>Phone:</b>				

ARRL Membership    Life Membership

## 2. Equipment and Capabilities:

	Fixed/Base	Mobile	Go-Kit	Hand-Held
<b>70 cm</b>				
<b>2 M</b>				
<b>1.25 M</b>				
<b>6 M</b>				

HF	Fixed/Base	Mobile	Go-Kit	SSB Operation	Digital Operation
<b>10 M</b>					
<b>15 M</b>					
<b>20 M</b>					
<b>40 M</b>					
<b>60 M</b>					
<b>80 M</b>					

<b>Digital Modes:</b>	Packet	RTTY	PSK	JS8 Call
	Winlink Express (RMS Express) Full license		VARA Full License	SSTV
	VHF/UHF FM Operation	HF Operation		

<b>CW (wpm):</b>	4WD Vehicle	<b>GMRS (call):</b>
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<b>Emergency Power:</b>	Batteries	Generator	Solar	Other
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## 3. Training and Certifications:

ICS 100	ICS 200	ICS 700	ICS 800
EC-001	EC-016	PR-101	VE
SKYWARN	First Aid Exp:	CPR/AED Exp:	CERT
Weather Spotter #:			



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## 4. Skills / Experience:

<b>Occupational Background:</b>			
<b>Ham Radio Activities:</b>	Contesting	DX-ing	SOTA
	POTA	County Hunting	VHF
	Other:		
<b>Hobbies:</b>			
<b>Areas of Experience or Expertise:</b>	Accounting	Electrical Work	Welding
	Grant Writing	Public Speaking	Web Development
	TCP/IP Networking	Electronics	
Other:			

## 5. Deployment Limitations:

<b>Medical Conditions:</b>				
<b>Able to self-support on site (food, shelter, etc):</b>	24 hrs.	48 hrs.	72 hrs.	96 hrs.

If you're unable to fill in this form directly in your web browser, use a "pdf viewer" app (such as the free Adobe "Acrobat Reader" app) to complete it.

Save the completed form on your computer as "[your call] CARES Member Data", and email a copy to [ad7ef@clackamasares.org](mailto:ad7ef@clackamasares.org).