



# CARES Member Data Sheet

## 1. Contact Information:

|                    |       |                 |                                                                                                                                                                    |  |
|--------------------|-------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name:              |       |                 |                                                                                                                                                                    |  |
| Callsign:          |       | License Class:  | 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 (Cell):      |       | Provider (SMS): |                                                                                                                                                                    |  |
| Email:             |       |                 |                                                                                                                                                                    |  |
| Address:           |       |                 |                                                                                                                                                                    |  |
|                    | City: |                 | Zip:                                                                                                                                                               |  |
| Emergency Contact: |       |                 | Phone:                                                                                                                                                             |  |

☐ ARRL Membership ☐ Life Membership

## 2. Equipment and Capabilities:

|        | Fixed/Base               | Mobile                   | Go-Kit                   | Hand-Held                |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|
| 70 cm  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 M    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.25 M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 M    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| HF   | Fixed/Base               | Mobile                   | Go-Kit                   | SSB Operation            | Digital Operation        |
|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10 M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60 M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80 M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                |                                                                                                 |                                       |                                                                        |                                   |
|----------------|-------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------|-----------------------------------|
| Digital Modes: | <input type="checkbox"/> Packet                                                                 | <input type="checkbox"/> RTTY         | <input type="checkbox"/> PSK                                           | <input type="checkbox"/> JS8 Call |
|                | <input type="checkbox"/> Winlink Express (RMS Express)<br><input type="checkbox"/> Full license |                                       | <input type="checkbox"/> VARA<br><input type="checkbox"/> Full License | <input type="checkbox"/> SSTV     |
|                | <input type="checkbox"/> VHF/UHF FM Operation                                                   | <input type="checkbox"/> HF Operation |                                                                        |                                   |

|                                    |                                      |                                       |
|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> CW (wpm): | <input type="checkbox"/> 4WD Vehicle | <input type="checkbox"/> GMRS (call): |
|------------------------------------|--------------------------------------|---------------------------------------|

|                  |                                                                                                                                     |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Emergency Power: | <input type="checkbox"/> Batteries <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> Other |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------|

## 3. Training and Certifications:

|                                  |                                         |                                       |                                  |
|----------------------------------|-----------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> ICS 100 | <input type="checkbox"/> ICS 200        | <input type="checkbox"/> ICS 700      | <input type="checkbox"/> ICS 800 |
| <input type="checkbox"/> EC-001  | <input type="checkbox"/> EC-016         | <input type="checkbox"/> PR-101       | <input type="checkbox"/> VE      |
| <input type="checkbox"/> SKYWARN | <input type="checkbox"/> First Aid Exp: | <input type="checkbox"/> CPR/AED Exp: | <input type="checkbox"/> CERT    |
| Weather Spotter #:               |                                         |                                       |                                  |



# CARES Member Data Sheet

## 4. Skills / Experience:

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

## 5. Deployment Limitations:

|                                                           |                                                                                                                                     |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical Conditions:</b>                                |                                                                                                                                     |
|                                                           |                                                                                                                                     |
| <b>Able to self-support on site (food, shelter, etc):</b> | <input type="checkbox"/> 24 hrs. <input type="checkbox"/> 48 hrs. <input type="checkbox"/> 72 hrs. <input type="checkbox"/> 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 callsign]".pdf and email the completed form to [membership@clackamasares.org](mailto:membership@clackamasares.org).