



DOUGLAS COUNTY EMERGENCY SERVICE RADIO 911 EMERGENCY SERVICES APPLICATION AND QUESTIONNAIRE

NOTICE: All information contained in this document is for the exclusive use of the Douglas County Amateur Radio Emergency Services (DCARES) organization. It is considered confidential in nature and will only be released to other agencies requiring this information. Do not include any information you do not wish to make available. Your Social Security Number is necessary, however, for SIRS purposes.

FULL NAME: _____ CALL SIGN: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ E-MAIL: _____

LICENSE CLASS: TECH TECH+ GEN ADV EXTRA HOW LONG?: _____ yrs DOB: ___/___/___

SSN: ___/___/___ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

(CIRCLE ALL THAT APPLY)

EQUIPMENT SURVEY: HF BANDS – 160 80 40 30 20 17 15 12 10 All **HF MODES:** SSB CW Data All

VHF BANDS: 2m 440 **VHF MODES:** FM SSB Packet AMTOR **HANDHELD:** 2m 440 _____

C.B. RADIO?: YES NO / **GENERATOR?** YES NO / **PORTABLE ANTENNAS?** YES NO / **4WD?** YES NO

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE SO WE MAY EVALUATE OUR PERSONNEL RESOURCES ACCURATELY. (Please use the other side of this form if you need additional writing space.)

1. Do you have previous ARES/RACES experience? _____ If so, when and where? _____

2. Do you have previous training on emergency communications procedures? If so, please explain: _____

3. Do you know voice operating procedures such as pro-words and phonetic alphabet? _____

4. Do you know how to handle written traffic? _____ and how to operate on controlled nets? _____

5. Can you transport, set up and operate your personal equipment under emergency conditions in a

Temporary configuration? _____ Mobile configuration? _____ Portable configuration? _____

I understand that with the issuance of the DCES badge I will be enrolled in both Douglas County RACES and ARRL ARES programs for emergency services. The information indicated above is true and correct to the best of my knowledge. I understand that my signature below authorizes DCES to provide this information to other organizations involved with emergency and disaster communications. Only specifically requested items will be provided. I understand that reasonable participation in training and practice sessions is required. Participation as NCS for regular ARES/RACES nets will be sufficient to qualify as practice time. I further understand that my participation in and with the Douglas County ARES/RACES group is strictly voluntary by mutual agreement and may be terminated at any time by myself or a duly appointed Douglas County ARES/RACES or 911 Emergency Services official.

Mail Application to:
Douglas County
911 Emergency Services
PO Box 218
Minden, NV 89423

SIGNATURE DATE: _____