

# Marathon County ARES Enrollment Form

This form must be completed annually to be counted as a participating member of Marathon County ARES/RACES

Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ SMS Email Address: \_\_\_\_\_

## Credentials: (please circle)

<b>License Class:</b>	Technician	General	Advanced	Extra
<b>Emcomm:</b>	Level 1	Level 2	Level 3	
<b>ICS:</b>	IS-100	IS-200		
<b>NIMS:</b>	IS-700	IS-800		
<b>Other:</b>	CPR	Basic First Aid	First Responder/EMT	
	SKYWARN	Damage Assessment		

**Not Listed:** \_\_\_\_\_

## Equipment:

Please list personal equipment you are willing to provide in the event of an ARES activation. Every ARES member at the minimum should have a single or dual band HT with spare battery and a single or dual band mobile radio. Other equipment that helps us fulfill the ARES mission would be portable VHF/UHF stations, portable HF stations, portable digital/winlink stations, antennas, power supplies, batteries, and generators.

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## Areas of Interest (please circle one or more)

Net Control	Net Liaison	SKYWARN	Rapid Response Team
Training Team	Hospital Team	Red Cross Team	Equipment Team

Not listed: \_\_\_\_\_

I understand that Marathon County ARES, which is part of Wisconsin ARES/RACES is a volunteer community service organization with a mission to provide primary and supplemental communications to government agencies, private disaster response organizations, and other nonprofit organizations. As a volunteer, I will do my best to be an active participant in nets, meetings, trainings, and events. I also understand that in order to provide primary communications for government agencies, Marathon County ARES must be NIMS compliant. I will complete the necessary trainings required by the National Incident Management System.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_