



Milwaukee County ARES/RACES Registration & Capabilities Form

Name: _____ Callsign: _____ License Class: _____

Street: _____ City: _____ State: _____ Zipcode: _____
 S M L XL

County: _____ T-Shirt Size: XXL XXXL ARRL Member? _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home E-Mail: _____ Work E-Mail: _____ Pager: _____

Employer: _____ Occupation: _____

Work Street: _____ Work City: _____ State: _____ Zipcode: _____

Repeater(s) You Monitor: _____ Simplex Freq(s) You Monitor: _____

	SHIFT AVAILABILITY		
	12AM-9AM	8AM-5PM	4PM-1AM
Sun			
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			

In boxes above, please indicate
 X – Generally available
 < 4 – Available with less than 4 hours notice
 > 4 – Available with more than 4 hours notice

In the spaces below, please indicate what your equipment capabilities are:

Handheld VHF: UHF: VHF/UHF: 4 Wheel Drive Vehicle:

Mobile VHF: UHF: VHF/UHF: Mobile VHF/UHF Cross-band Capable:

Base VHF: UHF: VHF/UHF: Emergency Power – Battery: – Generator: (STATIONARY or PORTABLE)

Mobile HF: Base HF: Packet: PACTOR: Winlink-2000: Mobile mast ≥15ft & VHF/UHF Antenna

In the spaces below, please indicate what training you have completed:

ICS-100: ICS-200: ICS-300: ICS-700: ICS-800: Weather Spotting: Damage Assessment:

First Aid: CPR: CERT: ARRL EmComm (Indicate level): _____

Other (list): _____

Signature _____ Date: _____