



THURSTON COUNTY ARES MEMBERSHIP INFORMATION AND APPLICATION PROCESS

EFFECTIVE 01 JANUARY 20010

There is a three-stage application process consisting of one part completing forms, second, waiting for background checks and last, completing training.

Upon completing the this 3rd portion of the application process, the applicant will be considered a fully qualified member of this organization.

- I. The first process is to complete the following forms: (Attached, except for item D)
 - A. Complete the ARRL ARES Registration Form, print clearly so others can easily read your information.
 - B. Complete the Thurston County ARES Membership Application Information form.
 - C. Complete the Thurston County Search And Rescue Authorization for Background Check form.
 - D. Complete the Emergency Worker Registration Card. (See the Unit leader for this card)
 - E. Get the completed forms to the ARES Unit Leader as soon as possible so the background process can begin. During the waiting period for approval, complete items below:

II. The Second process:

A. Basic Communications Skills Training:

1. Read the Thurston County ARES web pages to include:
 - A. Plans/Procedure (Including Call Out Procedures)
 - B. Operations (Including Operators Log Sheets)
 - C. Training
2. Read sections of the ARRL web page related to the ARRL Radiogram Message form.
Information may be found at: <http://www.arrl.org/FandES/field/forms/>

Read sections titled: ARRL Message Form, FSD-3 ARRL Numbered Message References
FSD-218 Amateur Radio Message Form guidelines and references FSD-220 Handy Operating Aids
FSD-224 Amateur Radio Disaster Welfare Message FSD-255 Emergency Reference Information Card

3. Validate that you will have at least one adapter cable to use with your mobile gear that will work with the Anderson Power Pole connectors.
4. Validate that you have programmed your radios systems to the locally recommended channels/frequencies, and tested the system with the ECC NCS station. The list is available on the unit web page.

B. Basic Incident Command System Training (ICS)

1. Complete the Basic Incident Command System Courses 100 and 200. (ICS 100 and 200) Free on-line at: <http://training.fema.gov/EMIWeb/IS/is100.asp>
2. Complete the National Incident Management System (NIMS course 800) Free on line at: <http://training.fema.gov/EMIWeb/IS/is700.asp>

C. ARES Operational Administrative Training:

1. Read the Washington Administrative Code (WAC), Section 100 and 200, on the web: <http://apps.leg.wa.gov/WAC/default.aspx?cite=118-04>
2. Read the State Emergency Management Division Telecommunications Plan located on the web at: http://www.emd.wa.gov/plans/plans_index.shtml
3. Read the “Thurston County Comprehensive Emergency Management Plan” Section 2, Communications and Warning and Section 9, Search and Rescue. On the web at: <http://www.co.thurston.wa.us/em/cemp.htm>
4. Read the Thurston County Department of Emergency Management Amateur Radio Services SOP and Radio Room Operating Procedures .

D. Additional ARRL General Communications Training:

1. Read the ARRL ARES Field Resources Manual. It is a quick trainer and field resource guide for the emergency communicator. It's available here as a Adobe Portable Document Format file: <http://www.arrl.org/FandES/field/aresman.pdf>
2. Read the ARRL Public Service Communications Manual, online at: <http://www.arrl.org/FandES/field/pscm/>

F. Equipment: (Required PRIOR to any deployment during a mission.)

1. Acquire a Thurston County road map or a personal Navigational Device (GPS, etc.) NOTE: this Item MUST be with you at all times when deployed on ANY mission.
2. Acquire an authorized Unit Safety Vest. NOTE: ALL Agencies we support require this item to be worn at ALL times during any mission, especially during encllement weather conditions and hours of darkness. Members **cannot** be deployed on missions until they have this item.
3. Assemble at “Personal Go-Kit”, containing ‘Health & Welfare’ (Including medicines) items, extra Equipment (Antennas, power supplies, radios, etc.) and tools to make Field Expedient repairs, for up to 36 hours of continuous operations from various locations and working conditions.

G. Miscellaneous Training: To be posted by the Unit Leader for specific operations.

III. Third Process: Background Checks

Upon completion of the items above and approval of the background checks, the Unit Leader will issue an Emergency Workers Identification Card for your use on missions and you will be considered a fully qualified Member of the unit.

**Thurston County ARES
Membership Application Form**

Full Name: _____ Call Sign: _____
(PRINT CLEARLY SO OTHERS CAN EASILY READ YOUR WRITING !)

I. UNIT PREFERENCE: Please read, then select which level of participation you prefer:

A. ____ INCIDENT COMMAND SYSTEM (ICS) ARES OPERATIONS: This is the PRIMARY mission for this unit. Members who desire to only work within the ICS missions in supporting various agencies within the county under the supervision of the Thurston County Sheriffs Office (TCSO) and/or Department of Emergency Management (DEM) including the Thurston County Search and Rescue Council operations.

B. ____ ARRL ARES ONLY OPERATIONS: Members who desire to only work within the ARRL ARES mission statement in supporting non-government operations. This would include the Red Cross, Salvation Army and Public Service activities, such as parades, etc. They will not be tasked or authorized to work in any operations requiring an Emergency Worker Card.

C. ____ OTHER: Please describe what mission you want to perform and requirements for being a member of this unit: _____

II. ARES Event Participate list: The following is a partial list of the various public service events ARES supports. Please check or circle the events you would like to participant in. This will allow the Unit Leader and event coordinators a data base upon which to consult and ask for assistance when planning these events.

A. ____ Road Rallies B. ____ Marathons C. ____ ARRL Field Day D. ____ Parades

.E. ____ ARRL S.E.T. F. ____ Fairs, etc. G.. ____ Recruiting/Public Service Displays

H. Other: _____

III. The ARRL has Memorandums-of-Understanding with the following agencies. Please check which agencies you would like to work with in case of a call out for their support.

A. ____ Red Cross B. ____ MST Team C. ____ Salvation Army D. ____ KGY EAS Station Operations.

E. Other: _____

IV. ARES PARTICIPATION: ARES members will work at various government agencies under the Incident Command System (ICS). Please check your operating/working preferences.

A. ____ County Emergency Control Center.(ECC) B. ____ Other City/county/state agencies.

C. ____ Other Alternate EOC's in Thurston County D. ____ Communications Van (Comm Van)

E ____ Thurston County Search & Rescue (SAR) Operations F. ____ SAR Unit's Command Posts

G. ____ Communications relay site(s) H. ____ Net Control Station (NCS)

I. Other: _____

Page One of Two.

V. **RESTRICTIONS:** Not every ARES member is alike. We may have certain conditions that may not allow us to work the same as others. The Unit Leader needs to know of any restrictions you may have if you need to be sent to an operating site. Please list below any restrictive conditions to include any physical, visual, speaking or hearing situations.. This information is for deployment and emergency data only.

Any problems with transportation? _____

Did you note on your Emergency Workers Card Application form these issues? YES or NO (Circle one)

VI. **CALL OUT TIMES:** Not everyone in this unit can be called out to participate in EVERY situation. Please complete the section below. This will allow the EC to coordinate call outs in a timely manner.

If you are retired, or do not work away from home, disregard questions 1 & 2.

A. Do you want to be called at work during an actual call out? Yes _____ -or- No _____

B. Do you want to be called at work for any drills/exercises etc? Yes _____ -or- No _____

C. During normal weekdays, what time frames can you be called out? (Any situation) (Circle times)

0600-1800 (Day Shift) 1800-2400 (Evening Shift) 2400-0600 (Graveyard shift)

(a) Comments: _____

E. During week ends and holidays, what time frames can you be called out? (Any Situation) (Circle)

0600-1800 (Day Shift) 1800-2400 (Evening Shift) 2400-0600 (Graveyard shift)

(a) Comments: _____

VII. **CONSIDERATIONS:** Are there any other special considerations the unit needs to know about when you are called out? _____

VIII. **Process:** Complete this form and return it and the ARRL ARES Registration Form and Search & Rescue Background Check Form to the Unit Leader as soon as possible.

Signature: _____ **Date:** _____



Amateur Radio Emergency Service

ARES Registration Form

Name:	
Call Sign:	
Mailing Address:	
City, State, ZIP code:	
e-mail address(es):	
Home phone number:	
Work phone number:	
Cell phone number:	
License Class:	

Check bands and modes that you can operate:

MODE	HF	6 meters	2 meters	222 MHz	440 MHz	Others	
SSB							
CW							
FM							
DATA							
PACKET							
Other modes (specify below)							
Mobile Operation							

Can your home station be operated without commercial power? Yes [] No []

Signature _____ Date _____

Contact ARES and ARRL Section Leaders in your area: <http://www.arrl.org/sections/>.

Learn about ARRL-sponsored Amateur Radio Emergency Communications Courses: <http://www.arrl.org/cce/>



**THURSTON COUNTY SEARCH AND RESCUE
AUTHORIZATION FOR BACKGROUND CHECK**

Last:	First:	Middle:
PLEASE PRINT FULL NAME		

Address (house/apt location)	City	Zip
Mailing Address (if different than above):		

Driver Lic#:	State:	Date of Birth:
--------------	--------	----------------

Sex (M - F)	Ht	Wt	Eyes	Hair
-------------	----	----	------	------

Name of SAR Council Unit: Thurston County ARES

I _____ certify that:
(Please Print)

1. I am able to speak, read and write the English language. Y N **Check one**
2. I am in good physical condition and suffer no physical disabilities other than those indicated on the Emergency Worker Registration Card. Y N **Check one**
3. I require accommodations for the disabilities indicated on the Emergency Worker Registration Card. Y N **Check one**

OVER

4. Are you addicted to the use of intoxicating liquors or narcotics, or do you use any controlled substances. Y N **Check one**

5. I *have / have not* been convicted of a felony.
(**Circle one**)

6. Have you ever been registered as an Emergency Worker in WA State? Y N

Check one

If so, when and what County:

7. Are you 'Active Duty Military' assigned to Washington State? Y N **Check one**

8. I hereby give permission for the Thurston County Sheriff's Office to conduct a background check that **may** include all the following areas: criminal record, driving record, past employment/volunteer history, educational/professional status, personal references and other persons as appropriate for the volunteer job(s) in which I have expressed an interest. *I understand that I do not have to agree to this background check, but refusal to do so will exclude me from consideration for some types of volunteer work.*

I understand any information collected during this background check will be limited to that appropriate in determining my suitability for particular types of volunteer work and all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and such other information as they deem appropriate.

I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of the Thurston County Sheriff's Office and/or Emergency Management.

Signed _____ Date: _____
Applicant

_____ Date: _____
Witness (Unit Leader)

Signed _____ Date: _____
Parent/Guardian of applicant if under 18 years of age

Background Requested by: _____ Date: _____
Name Agency

Record Checked by: _____ Date: _____
Name Agency

Approved _____ **Denied** _____