

## Cumberland County ARES/RACES Registration Form

(Please fill out and sign in ink.)

First Name or Nickname: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Call Sign: \_\_\_\_\_ License Class: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ 2<sup>nd</sup> E-Mail Address: \_\_\_\_\_

Please indicate the bands and modes that you can support with your personal equipment, using the following symbols:

**F = fixed/base, M = mobile, P = portable, H = handheld (use as many in each box as apply)**

Mode	160M	80M	40M	20M	15M	10M	6M	2M	1.4M	70cm	23cm	other
<b>Voice</b>												
<b>CW</b>												
<b>SSB</b>												
<b>RTTY</b>												
<b>AMTOR</b>												
<b>PACTOR</b>												
<b>PSK31</b>												
<b>Packet</b>												
<b>SSTV</b>												
<b>APRS</b>												

Response-Related Information:

Would you be willing to travel to another county to assist in their response?  Y  N

Member of other Amateur Radio special interest groups (e.g., MARS, Red Cross, Salvation Army)?:  Y  N

If yes, please list: \_\_\_\_\_

Portable Power Supply?  Y  N      If yes, wattage rating: \_\_\_\_\_

Generator?  Y  N      If yes, wattage rating: \_\_\_\_\_

Battery Operations?  Y  N      If yes, amp hour rating: \_\_\_\_\_

Anderson Connectors?  Y  N      If no, what type connectors used? \_\_\_\_\_

CERT Member?  Y  N      If yes, Team or Neighborhood: \_\_\_\_\_

First Aid Certified?  Y  N      CPR Certified?  Y  N      Search & Rescue Certified?  Y  N

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**Personal Information: For insurance purposes in case of disaster related injury as a volunteer.**

Information will not be released excepting for official purposes relating to disaster related volunteer injury.

*“My signature certifies that the information set forth below is complete, to the best of my knowledge.”*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix (if any): \_\_\_\_\_

Maine Driver's License Number: \_\_\_\_\_

Birth Date: Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_