

WISCONSIN ARES/RACES REGISTRATION & CAPABILITIES FORM

NAME: _____ **CALLSIGN:** _____
STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____
COUNTY: _____ **PACKET MAILBOX ADDRESS:** _____
HOME PHONE: _____ **HOME EMAIL ADDRESS:** _____
WORK PHONE: _____ **WORK EMAIL ADDRESS:** _____
CELLPHONE: _____ **PAGER NUMBER:** _____
LICENSE CLASS: _____ **ARRL MEMBER:** _____ **MARS MEMBER:** _____ **MARS CALLSIGN:** _____
PRESENT MEDICAL CONDITIONS: _____ **CURRENT MEDICATIONS:** _____
WHO TO CONTACT IN CASE OF MEDICAL EMERGENCY: _____ **PHONE NUMBER:** _____
RED CROSS TRAINING: _____ **WHICH RED CROSS CLASSES:** _____ **CPR CERTIFIED:** _____

	SHIFT AVAILABILITY		
	12AM - 9AM	8AM-3PM	4PM-1AM
Sun			
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			



Use the back of this sheet to describe any additional training or certificates that might be of interest

LIST NAMES OF AMATEUR RADIO CLUBS THAT YOU ARE A MEMBER OF:

PRESENT ARR/APPPOINTMENT(S):

EQUIPMENT LISTING AND CAPABILITIES:

	HF			VHF			UHF		
	EMERGENCY POWER			EMERGENCY POWER			EMERGENCY POWER		
	AC	BATTERY	UPS	AC	BATTERY	UPS	AC	BATTERY	UPS
PACKET									
AMTOR									
FACTOR									
RTTY									
CW									
SSB									
FM									
SSTV									
CROSS-BAND									
OTHER									

DOES YOUR VEHICLE HAVE FOUR WHEEL DRIVE?

DO YOU HAVE A SNOWMOBILE?

SIGNATURE: _____ **DATE:** _____ **ID CARD ISSUED:** _____