



**BOULDER COUNTY AMATEUR RADIO
EMERGENCY SERVICES, INC.
(BCARES)**



**MEMBERSHIP APPLICATION
AND QUESTIONNAIRE**

New	Renewal	
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PERSONAL INFORMATION (REQUIRED FOR SHERIFF ID BADGE)

PLEASE PRINT

AUTHORIZATION FOR EMERGENCY SERVICES IDENTIFICATION CARD		AGENCY: BCARES	
Name	Male	Call-	
	Female	sign	
Aliases (include maiden name)			
Date of Birth		Place of Birth	
Height	Weight	Eyes	Hair
Social Security Number			
Driver's License Number			State
Mailing Address			
E-mail			
Primary Phone		Secondary Phone	
OFFICIAL USE ONLY			
I hereby authorize the issuance of an Emergency Services Identification Card to the above named individual.		COSIN	DATE
Signature of authorized person		JMS	DATE
Title NEW MEMBER TRAINING OFFICER		CCIC	DATE
Date		NCIC	DATE
S. O. ID. #		APPROVED	DATE

NOTICE: Boulder County Amateur Radio Emergency Services (BCARES) is a non-profit, public service corporation which provides equipment and volunteer personnel to perform radio communication services during emergencies. These services are provided to assist the various public safety agencies in Boulder County including Sheriff, Police, Fire, etc. Many BCARES activities involve hazardous situations such as forest fires, floods, riots, etc. They also may include carrying heavy loads of equipment. Members should be aware of their physical limitations. Members may refuse any assignment for any reason.

DISCLAIMER AND WAIVER: I _____ (print your name) apply for membership in BCARES. I am a volunteer and understand that I will receive no compensation for my services. I understand that BCARES activities, both in a real emergency and in training exercises, are potentially hazardous. If I am injured or killed while participating in a BCARES activity, I and my heirs agree to hold harmless BCARES and its officers, directors, and members.

RESOURCES AND EQUIPMENT

DO YOU HAVE:	Y	N	DESCRIBE
2M FM Hand-held and/or mobile radio			
4 WD vehicle			
Portable packet or AMTOR radio station			
Portable HF SSB station			
Camper van			
AC generator			

SKILLS AND EXPERIENCE

DO YOU HAVE:	Y	N	DESCRIBE
VHF packet radio experience			
Typing skills			Speed wpm
BCARES TV transmitter training			
HF packet or AMTOR experience			
Previous ARES experience			

MISCELLANEOUS

DO YOU HAVE:	Y	N	DESCRIBE
Pre-assignment preference			
Other emergency group affiliation			
Physical or health restrictions			
Will participate in training exercises			

Who would you prefer to help? Check one or both.	BCARES Red Cross
Most BCARES or Red Cross assignments are for 6 hours within Boulder County. Would you be willing to go to another area of the state for one or two days to help in a major emergency?	Boulder Only Adjacent Counties Anywhere Needed
Do you wish to become a full member of BCARES and be issued an ID badge by the Sheriff?	Yes No
Other comments:	

Completed applications should be sent to the BCARES new member training officer, George Weber, KA0BSA, 4037 Pebble Beach Dr., Niwot, CO 80503-8358.

DO NOT WRITE IN THIS BLOCK; FOR BCARES USE ONLY

Date Received	I.D. photo taken
S.O. background check	Initial Training Completed
Application revised 3/10/06	Approval by Board of Dir.

Signature: _____ Date: _____