



BCARES

BOULDER COUNTY AMATEUR RADIO EMERGENCY SERVICES, INC.



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	Callsign	
	Female	Lic. Class	
Aliases (include maiden name)			
Date of Birth		Place of Birth	
Height	Weight	Eyes	Hair
Social Security Number			
Drivers License Number			State
Mailing Address			
E-mail Address			
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	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 of Boulder and Broomfield Counties including Sheriff, Police, Fire, etc. Many BCARES activates 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.

SIGNATURE: _____ DATE: _____

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			
	Y	N	Describe
<u>Pre-assignment preference</u>			
Other emergency group affiliation			
Physical or health restrictions			
Will participate in training exercises			

Most BCARES assignments are for 6 hours or less within Boulder and Broomfield counties. 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	
Comments:		

Completed applications should be sent to the BCARES membership officer,

George Weber - KAØBSA, 4773 Raven Run, Broomfield, CO 80023

DO NOT WRITE IN THIS BLOCK -		FOR BCARES USE ONLY	
Date Received		ID photo taken	
S.O. background check		Initial Training Completed	
Application revised	8/25/2011	Approval by Board of Dir.	

Signature: _____ Date: _____