

Clatsop County ARES/RACES Personnell Skill Information Sheet

Rev B

In order to deploy to any site, you need to fill this out and turn it in to the Clatsop ARES-EC

Please fill out and turn in this sheet as soon as possible Thank You from Your ARES Leadership

Your Last Name: _____ First Name: _____ M.I. _____

Your Call Sign: _____

Are you a member of Clatsop County ARES: _____ RACES: _____

Your Cell Phone Number: _____

Your Home Phone Number: _____

Your Home Address: _____

Your Emergency Contact Person: _____

Contact Persons Cell Phone: _____

Contact Persons Home Phone: _____

Contact Persons Home Address: _____

Are you willing to be deployed: Yes: _____ No: _____

How much warning do you need to be deployed:

(1 hour _____) (2 hours _____) (3 hours _____) (6 hours _____) (12 hours _____) (24 hours _____)

How long can you deploy for:

(6 hours _____) (12 hours _____) (24 hours _____) (48 hours _____) (72 hours _____) (1 week _____)

I am skilled in the operation of, and have portable equipment for the following modes of operation

VHF/UHF FM Voice: _____ VHF/UHF Satellite: _____ UHF ATV: _____

VHF RMS Packet: _____ Peer to Peer VHF/UHF AirMail: _____

I can operate my VHF equipment at: _____ watts

HF SSB Voice: _____ HF CW: _____ PSK31: _____

HF RMS Pactor: _____ Peer to Peer HF AirMail

I can operate my HF equipment at: _____ watts

I have battery backup and can operate my equipment for the following amount of time: _____ Hours

If you are willing, and we need you to Deploy, Please initial: Yes: _____ No: _____

Will you follow the direction of your local ARES EC and AEC's, Please initial: Yes: _____ No: _____

Your Signature: _____ Date: _____

Clatsop County ARES/RACES Deployment Personal Check List – Page 1 of 3

Before you leave to your assigned Deployment location you need the following information

Where will I be deployed to:

Report To (Person to report to): _____

Facility Name: _____

Address: _____

Phone: _____

Lat: _____ Lon: _____

Suggested Route of Travel:

When you leave your deployment area, Inform Clatsop Net Control: Initial here: _____

When you arrive home from deployment, Check out with Clatsop Net Control: Initial here: _____

Net Control FCC Callsign for you to contact as soon as you arrive: _____

Net Control Tactical Callsign for you to contact: _____

VHF/UHF Repeater Voice Frequency to contact Net control: _____ CTCSS: _____

VHF/UHF Simplex Frequency to contact Net control: _____

FCC Callsign for you to use (your own if no agency callsign): _____

Tactical Callsign for you to use at your assigned location: _____

You may need the following equipment:

Message Forms: ICS-213: _____ ARRL: _____ Pencils: _____ 3 Ring Binder for Messages: _____

Voice VHF/UHF equipment: _____ For _____ hours of operation

External Antenna: _____ Feedline: _____ Power Supply: _____ Antenna Connectors: _____

Extra Rechargeable Batteries: _____ “AA” Battery Pack: _____ “AA” Batteries: _____

Digital VHF/UHF RMS Packet Access equipment: _____

RMS Callsign: _____ Via: _____ Frequency: _____

Voice HF equipment: _____ For _____ hours of operation

External Antenna: _____ Feedline: _____ Antenna connectors: _____ Ground System: _____

Large 12v Battery for Power to HF: _____ Battery Charger: _____ Tuner: _____ Power Supply: _____

Digital HF RMS Pactor Access equipment Needed: Yes: _____ No: _____

Laptop: _____ TNC: _____

Cable (TNC to Laptop): _____ Cable (TNC to Radio): _____ TNC Power Cable: _____

RMS Callsign: _____ Frequency Center: _____ Frequency Display: _____

RMS Callsign: _____ Frequency Center: _____ Frequency Display: _____

RMS Callsign: _____ Frequency Center: _____ Frequency Display: _____

Clatsop County ARES/RACES Deployment Personal Check List – Page 2 of 3

Is this a fixed or mobile Deployment Location: Fixed: _____ Mobile: _____

Deployment duration: _____ Hours _____ Weeks

Commercial Power available: Yes: _____ No: _____

Bring Battery Charger for: Cell Phone: _____ Hand Held: _____ Other: _____

Do they have a generator: Yes: _____ No: _____

Can I bring a generator: Yes: _____ No: _____ Generator Ground System: _____

Extension Cords: _____

How much generator fuel should I bring: _____ gal

Generator fuel type: _____

Toilet facility available: Yes: _____ No: _____

Is there a place to sleep inside facility: Yes: _____ No: _____

Bring a cot: Yes: _____ No: _____

Do you need a tent: Yes: _____ No: _____

Tarps: Yes: _____ No: _____

Bring water for _____ hours _____ days

Will they supply food at the facility: Yes: _____ No: _____

Will they supply water: Yes: _____ No: _____

Weather report for duration and Location of deployment:

Headphones: _____ Earphones: _____ Speaker Mic: _____

Small Repair Kit: _____ Soldiering Kit: _____

Antenna Making supplies (Insulators, Wire, Coax, PL259's): _____

Photocopies of Manuals for all equipment: _____

USB Thumb drive with Equipment Manuals, Packet Software, RMS Software, AirMail Software: _____

Personal Gear

Clothing for the Season Weather, and Length of Deployment: _____

Rain Gear: _____ Warm Coats: _____ Hats: _____ Boots: _____ Socks: _____

Extra Pants: _____ Extra Shirt: _____ Note: Fleece and Wool hold in body heat very well

Toilet Kit: _____

Sleeping Bag: _____ Sleeping Pad: _____ Pillow: _____

Fire Starting Kit: _____ Make sure you know how to make a fire before you are deployed

Spare Set of Car Keys: _____ Spare Set of House Keys: _____

Be safe and careful when making a campfire

Clatsop County ARES/RACES Deployment Personal Check List – Page 3 of 3

Always Bring Water with you on a deployment of any type

Water: _____ Water Container: _____ Water Purification: _____ Water Tablets: _____
Energy Bars: _____ Canned Prepared Food: _____ Dehydrated Foods: _____ Heater Meals: _____
Beef Jerky: _____ Snacks: _____ Special Diet Foods: _____
Cup: _____ Plate: _____ Knife: _____ Fork: _____ Spoon: _____
Cook Stove: _____ Stove Fuel: _____ Cocoa Pot: _____ Cook Pot: _____
First Aid Kit: _____ Your Medications: _____ Up to one weeks worth minimum
Money: _____ Quarters for Vending Machine (Large Quantity): _____
Telephone Calling card: _____

Personal Information

I.D. Card: _____ Drivers License: _____ FCC Amateur Radio License: _____
Street Map: _____ Topographical Map: _____ GPS: _____
Emergency Phone Numbers: _____ Email Addresses: _____
EC Name: _____ EC Callsign: _____ EC Phone: _____
AEC Name: _____ AEC Callsign: _____ AEC Phone: _____
AEC Name: _____ AEC Callsign: _____ AEC Phone: _____
Spiral Notebook: _____ Pens: _____ Pencils: _____

Prescription Medicines that you are taking

Drug: _____ Dose: _____
Drug: _____ Dose: _____
Drug: _____ Dose: _____
Drug: _____ Dose: _____
Drug: _____ Dose: _____

What is your Eyeglass or Eye Contacts Prescription

Left Eye: _____
Right Eye: _____

Special Medical Needs your EmComm Leaders should know

Please turn in a copy of this to the ARES – EC and retain a copy for your records

Consider escape routes: If you could be in the path of a storm surge or other dangerous condition, know all the possible routes out of the area. If you will be stationed in a large building such as a school or hospital, find the fire exits, and learn which parking areas will be the safest for your vehicle. ALSO find out if there are emergency rally points in case of evacuation.