

# Wood County Emergency Communications

## Membership Application and Data Sheet



(For information updates you need only to provide your name and any information that has changed or was not previously provided.)

NEW APPLICATION     INFORMATION UPDATE FOR UNIT:

<b>NAME:</b> Last			First			Middle			Please address me as:			Date																	
<b>ADDRESS:</b> Number & Street or PO Box						City						State			Zip														
<b>Name of Spouse</b>						<b>Names/Ages of Children Living at Home</b>																							
<b>PHONE:</b> Home				Work				Cell				Fax				Other													
<b>Email Address</b>						<b>SSN</b>				<b>Call Sign</b>			<b>Class</b>			<b>Expires Date</b>													
<b>Birth Date</b>			<b>Height</b>			<b>Weight</b>			<b>Hair Color</b>			<b>Eye Color</b>			<b>Blood Type</b>			<b>T-shirt Size</b>											
<b>EDUCATION:</b> Degree(s) or Highest Grade Completed / Specialty									<b>Military Branch</b>			<b>Dates of Service</b> from to																	
<b>Have you ever been convicted of a crime other than minor traffic violations?</b>															<b>If yes, please describe offense, date, and disposition</b>														
<input type="checkbox"/> No <input type="checkbox"/> Yes																													
Vehicles you own: <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Boat <input type="checkbox"/> ATV <input type="checkbox"/> Trailer <input type="checkbox"/> Snowmobile <input type="checkbox"/> 4x4/SUV															Willing to operate: <input type="checkbox"/> Amateur Radio <input type="checkbox"/> Public Safety Radio <input type="checkbox"/> Telephone <input type="checkbox"/> Computer														
<input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Other Equipment															Do you have a CDL? <input type="checkbox"/> No <input type="checkbox"/> Yes														
<b>NOTIFY IN CASE OF EMERGENCY</b>																													
Name					Relationship					Phone					Address														
<b>Cert Date</b>	<b>Exp Date</b>	<b>Training or Certification</b>				<b>Date</b>	<b>ICS / NIMS Courses Completed</b>																						
		First Aid, Standard					IS-100.a - Intro to the Incident Command System																						
		First Aid, Advanced					IS-100.HC - Intro to ICS for Healthcare/Hospitals																						
		First Aid, Psych					IS-100.LEa - Intro to ICS for Law Enforcement																						
		Automated External Defib.					IS-100.PWa - Intro to ICS for Public Works Personnel																						
		CPR					IS-100.SCa - Intro to the ICS for Schools																						
		First Responder					IS-200.a - ICS for Single Resources / Initial Action Incidents																						
		EMT					IS-200.HC - Applying ICS to Healthcare Organizations																						
		Paramedic					IS-700.A - NIMS, An Introduction																						
		Other Medical (Specify Below)					IS-701 - NIMS Multiagency Coordination System																						
		Firefighter					IS-702 - NIMS Public Information Systems																						
		Law Enforcement / Security					IS-703 - NIMS Resource Management																						
		ARES					IS-704 - NIMS Communications and Information Mgmnt																						
		RACES					IS-706 - NIMS Intrastate Mutual Aid, An Introduction																						
		CERT					IS-800.B - National Response Framework, An Introduction																						
		Food Handler					OTHER (Specify)																						
		Other (Specify)																											
<b>Other Special Qualifications/Certifications</b>												Are you willing to volunteer for work anytime day or night? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
												How many hours a month can you volunteer?																	

## Supplemental / ARES Information

Would you, or could you, operate as an NCS (Net Control Station)?  YES  NO  
 Do you have emergency power?  Generator  Batteries  Solar Panels  Other

**Please check (x) all bands/modes that you can operate**

### BASE

	160	80	60	40	30	20	17	15	12	10	6	2	220	440	OTHER
CW															
FM															
SSB															
DIGITAL See codes below															

### MOBILE

	160	80	60	40	30	20	17	15	12	10	6	2	220	440	OTHER
CW															
FM															
SSB															
DIGITAL See codes below															

### PORTABLE

	160	80	60	40	30	20	17	15	12	10	6	2	220	440	OTHER
CW															
FM															
SSB															
DIGITAL See codes below															

**CODES:** A = All digital modes; B = RTTY; C = CLOVER; D = PACTOR; F = Fax; G = GTOR; H = MT-63; J = PSH-31; K = SSTV  
 L = 300 baud packet; M = 1200 baud packet; N = 9600 baud packet;  
 Z = Other mode not described (place info in "OTHER" column)

*Complete this section for new applications only*

## WOOD COUNTY EMERGENCY COMMUNICATIONS INC. APPLICATION FOR MEMBERSHIP

By affixing my signature below, I affirm that I will support and uphold the Constitution and By-Laws of Wood County Emergency Communications, Inc. and abide by the Communications Act of 1934 as amended.

I affirm that I take this obligation freely, without mental reservations or purpose of evasion, and that I will well and faithfully discharge any and all duties assigned to me.

I do further affirm that I do not advocate, nor am I a member of any party or organization that advocates, the overthrow of the Government of the United States of America or the State of West Virginia by force, violence, or subversive acts; as long as I am a member of Wood County Emergency Communications, Inc. I will not join, cause to join, or patronize any such party or organization.

If I am found guilty of any act, or am mentally, physically, or in any other capacity found to be contrary to this organization and its goals, I understand that I will be dismissed from membership according to its Rules, Constitution, and By-Laws.

By my signature below I also understand and concur that a background check will be done as a prerequisite to acceptance for membership and that this application **MUST** be returned *in person* to an officer of Wood County Emergency Communications, Inc. before or during a regular monthly meeting. **I also understand and agree that all licensed Radio Amateurs who are members of Wood County Emergency Communications are automatically enrolled in the Amateur Radio Emergency Service (ARES).**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

### For Official Use Only

Application  Approved /  Disapproved      Date: \_\_\_/\_\_\_/\_\_\_      Unit ID No. \_\_\_\_\_

Member Database:  Entered  Updated \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_