|  |  |  |
| --- | --- | --- |
| A logo for a radio emergency service  Description automatically generated | **SPOKANE COUNTY ARES**  **Membership Application** | A close-up of a logo  Description automatically generated |

|  |  |  |
| --- | --- | --- |
| Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Middle Initial: \_\_\_ ARRL member (Y/N): \_\_\_\_\_  Tech: \_\_\_ General: \_\_\_ Amateur Extra: \_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ ZipCode: \_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMC Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Availability (Y/N):  Day: \_\_\_\_ Night: \_\_\_\_\_\_ Weekends: \_\_\_\_\_  Please list any constraints that might limit your participation in any ARES activities:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Station Capabilities (Y/N): HF: \_\_\_ VHF: \_\_\_ UHF: \_\_\_  Emergency Power at home (Y/N): \_\_\_\_  Portable Power (Y/N): \_\_\_\_\_  Proficient with: CW: \_\_\_\_\_\_ WPM  Winlink (Y/N): \_\_\_\_\_  Other digital modes (List): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vehicle(s) (Y/N): 4W/D: \_\_\_\_\_\_ P/U/SUV: \_\_\_\_\_  Self-Contained RV: \_\_\_\_\_\_\_  Other Special talents or training?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional Comments:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please send your completed application to Frank Hutchison, AG7QP, at [AG7QP@arrl.net](mailto:AG7QP@arrl.net) or bring to an ARES meeting and give it to the ARES Emergency Coordinator or Assistant Emergency Coordinator. |

A screenshot of a computer

Description automatically generated

**Spokane County Emergency Management (SCEM)**

**Emergency Communications Non-Disclosure Agreement**

Radios and computers in the Communications Room, Trailers and at SCEM stations in the local hospitals contain information that is restricted by Federal law and is **For Official Use Only** (FOUO). SCEM volunteers are not allowed to place any information from SCEM computers or radios on personal computers or radios unless they hold a current SHARES station license.

All personnel that access Spokane County Emergency Management’s communications facilities and equipment must comply with the following security procedures for handling FOUO material, which includes frequencies and operating procedures, as specified in NCSH 3-3-1, Chapter 1, para 1.9:

(1) The information shall not be released in any manner to the public or other personnel who do not have a valid need-to-know,

(2) the information shall not be photocopied or electronically reproduced,

(3) when unattended, the information shall be stored in a locked container or in a room with sufficient physical access control measures to afford adequate protection to prevent unauthorized access,

(4) when stored on a computer, the information shall be password protected,

(5) the information shall be disposed of in such a manner as to ensure destruction beyond recognition and reconstruction.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name (Printed) Signature Date