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

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| 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 or bring to an ARES meeting and give it to the ARES Emergency Coordinator or Assistant Emergency Coordinator. |



**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.

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Name (Printed) Signature Date