

MINNESOTA ARES®



EMERGENCY COMMUNICATIONS

SOP 6-E-001

Attachment 1

ARESMT Application Package

April 10, 2010

Due to the compilation of potentially sensitive data, this Emergency Communications SOP is marked FOR OFFICIAL USE ONLY (FOUO). This information may be exempt under the provisions of the Freedom of Information Act, 5 U.S.C. § 552. As such, anyone wishing to disseminate this document outside of the Amateur Radio Emergency Service, or currently authorized served agencies, should contact the Minnesota ARES Section Emergency Coordinator for disclosure review.

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MINNESOTA

Amateur Radio Emergency Service (ARES)



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Dear applicant,

Thank you for your interest in Minnesota ARESMAT. Enclosed you will find a two part application package. Please read and fill out the application completely.

The first three pages (Part I) require general information about you, the applicant.

The next two pages (Part II) are for the criminal history and driver's license checks, should the information be requested by a served agency for duty in their controlled environment. Note: Members may be fingerprinted and photographed for identification purposes. Part II is optional, but no ARESMAT team member will be deployed to a served agency that requires one until a proper background check has been completed.

These are the steps which your application process will take:

Part I:

- You fill out and mail the entire application package to the appropriate Minnesota ARESMAT EC.
- You will be contacted to set up an interview time with the appropriate Minnesota ARESMAT EC.
- This is sometimes a long process, and may take up to two or three months to complete.
- If you have any questions, please feel free to contact the Minnesota SEC or appropriate Minnesota ARESMAT EC.
- Individuals who are approved for membership in Minnesota ARESMAT will be required to provide the following information for the picture ID card;

Current Photograph

ARRL Membership Number

Blood Type

Any Known Medical Alerts

Part II:

- Should duty be required within a controlled area, the following additional procedures may be required by the controlling entity.
 - If the served agency deems it necessary, a background and drivers license check will be submitted to the appropriate law enforcement agencies and your references may be contacted.
 - Once the references have been checked, and background cleared, interviews with the Minnesota SEC and/or controlling entity may be required.



Dan Anderson
KD0ASX

DAN ANDERSON, KD0ASX

Minnesota SEC
Cell: 605-261-8027
Home: 507-827-3052
danderson1@iw.net



MINNESOTA ARES

MUTUAL ASSISTANCE TEAM

Membership Application

(PART I)

This is an application for the Minnesota ARESMAT Team

In order to serve effectively as a volunteer member of the emergency staff, access to otherwise restricted areas such as an EOC or incident scene may be required. To the extent that similar requirements exist for other members of the emergency staff with access to restricted areas, a limited background check for ARESMAT applicants may be performed.

** Indicate (X) bands/modes you can operate. Indicate (E) those that have emergency power at your home station. **

	160	80	40	30	20	17	15	12	10	6	2	440	900	1.2
<i>ATV</i>														
<i>CW</i>														
<i>FM</i>														
<i>SSB</i>														
<i>Packet</i>														
<i>Mobile</i>														
<i>Handheld</i>														

Callsign: _____ Class: _____ Year 1st Licensed: _____

Last Name: _____ First Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Nextel Direct Connect: _____

Email: _____ Pager: _____

Person to notify in case of illness (Name/Phone): _____

Character references (callsigns of current ARES members):

1: _____ 2: _____

Signature: _____ Date: _____

Mail to: Ben Ramler, K0BLR
ARESMA EC

**Training: Please include a photocopy of all licenses and certifications
(PART I)**

Amateur Radio

Call Sign: _____ Class: _____

Please list the following equipment you may have:

Mobile: VHF / UHF / Dual Band Portable: VHF / UHF / Dual band

Base Station: _____ (please describe)

Computer / Packet: _____ (please describe)

Do you have stand-by power or generator power? Yes / No Describe: _____

SKYWARN Training

Month / Year of Training: _____ Location: _____

Skywarn Spotter #: _____ Are you an instructor?: _____

First Aid / Medical

Month / Year of Training: _____ Location: _____

Level or Certification: _____ Are you an instructor?: _____

If yes, what do you teach?: _____

FEMA / NIMS

Month / Year of Training: _____ Location: _____

Level or Certification: _____ Are you an instructor?: _____

If yes, what do you teach?: _____

Please include any additional training, education or experience you may have which may be helpful to you with Amateur Radio
Emergency Services.

**Personal References
(PART I)**

Please list three references that know you (other than relatives).

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

City, State, Zip: _____

How long have you known this person? _____ Mo. _____ Yrs.

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

City, State, Zip: _____

How long have you known this person? _____ Mo. _____ Yrs.

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

City, State, Zip: _____

How long have you known this person? _____ Mo. _____ Yrs.

Current Employer: _____ Supervisor: _____

Address: _____ Phone: (____) _____

City, State, Zip: _____

May we contact this person for an additional reference? _____ (optional)

**Acknowledgment
(PART II)**

1. I agree fully to comply with all items contained herein as they pertain to the category of membership that I have applied for.
_____ Initial Here.

2. All information furnished by me in this application is true and correct to the best of my knowledge.
_____ Initial Here.

3. A Standard Operations Practices and Procedures Manual (SOPP) will be provided by the Minnesota ARESMAT EC. I agree to follow all rules and regulations listed in the SOPP.
_____ Initial Here.

Once I am accepted as a member of Minnesota ARESMAT, I will take the Oath of Office listed below.

I _____ do solemnly swear or affirm that I will support and defend the Constitution of the United States of America, and the Constitution of the State of Minnesota against all enemies, foreign and domestic; and that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will faithfully discharge the duties upon which I am about to enter. I do not advocate the overthrow of any government unit by force or violence, nor will I do so while involved with Minnesota ARESMAT.

Signed: _____

Date: _____

**General Authorization and Release of Information
Pursuant to Minn. Stst. Section 13.05 Subd. 4. (d) of the Minnesota Data Practices Act**

I, _____ hereby authorize and give my informed consent to permit you, _____ County Sheriff's Department to release and make available to _____ County Emergency Management and Homeland Security and / or it's agents and / or representatives, data classified as private by Minn. Stat. 13.02 Subd. 12 except medical and psychological, which data concerns me, and which may be in your possession. The data which I authorize to be released consists of private data that has been collected by you as a result of my contacts and associations with you and / or your agents and representatives. Authorization is given to release ALL DATA which has been collected, created, received or retained in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting _____ County Emergency Management and Homeland Security to have access to this data is to determine my eligibility for a volunteer position with the department, and to verify records and other information which I have provided to them.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to the expiration date, cancel the written authorization by providing written notice to the department or to you of that fact.

Applicant full printed name: _____ Date: _____

Applicant signature: _____