

**Knox County ARES/RACES-CERT/Pen Bay ARC
Community Emergency Communications Project
Ham Radio Operator Volunteer Information Form**

Call Sign/Class: _____ **Date:** _____

Name: _____

Address: _____

Town, State, ZIP: _____

Tel. (home): _____ **(cell/other):** _____

email: _____

Emergency Power: _____

This form serves as a record that I am willing to accept and deliver ARRL radiograms to and from members of my community during times of emergency. These would generally be Welfare messages to family members and friends but could include messages of a more urgent nature. I understand that the Knox County EMA will provide my contact information to town officials and, optionally, county residents. I agree to learn and stay current in formal traffic handling practices. This would include training at the Knox EMA and periodic sending and receiving of formal traffic for practice.

Scope of Support (check as applicable):

I am able to send/receive messages for the following communities (circle):

Appleton	Cushing	Isle au Haut	Owl's Head	Saint George	Union
Camden	Friendship	Matinicus	Rockland	So. Thomaston	Vinalhaven
Criehaven	Hope	North Haven	Rockport	Thomaston	Warren
Only my immediate neighborhood (location):					Washington

I prefer that my contact information only be given to town officials. They may contact me.

I am willing to support message traffic at shelter facilities.

I am willing to support message traffic at the Pen Bay Hospital.

Capabilities:

I am capable of sending/receiving traffic on the following frequencies/bands (circle all that apply):

80M HF:	SSB Voice/Digital/CW	2M VHF:	FM Voice/Packet/Digital
40-10M HF:	SSB Voice/Digital/CW	70 cm UHF:	FM Voice/Packet/Digital
6M:	FM Voice/SSB Voice/Digital/CW		

Additionally, I am capable of monitoring/transmitting on the following non-ham services:

CB (29 MHz):	TX AM/TX SSB	RX AM/RX SSB	GMRS:	TX	RX
FRS:	TX	RX	Marine VHF:	TX	RX

Role (check as applicable):

I will handle message traffic within the county and will work with an NTS liaison for out of county traffic.

I will serve as an NTS/NTSD liaison station.

Additional Comments:

Date: _____

Signature

Return completed form to: Steve Hansen KB1TCE, PO Box 456, Owl's Head, ME 04854

Info at http://ballyhac.com/members/member_information.htm

Email: knoxhams@ballyhac.com