

## Registration Information and Instructions

This packet will give you the information you need to register with the Clark County ARES®/RACES (Amateur Radio Emergency Service/Radio Amateur Civil Emergency Service®). Please follow the steps below:

1. Read through the enclosed ARES®/RACES brochure to get an idea of what ARES®/RACES is all about. If you think you would like to be involved, then read the information about Washington State Volunteer Emergency Worker Registration on the back of this page. Since Clark County has a combined ARES® and RACES organization, all members are registered in both ARES®, sponsored by the American Radio Relay League (ARRL), and RACES under the regulations of Washington State (WAC 118-04-080) and Clark County.
2. Fill out the following forms and present them to your ARES®/RACES Emergency Coordinator (EC) at this meeting, the next meeting you attend, or mail it in the envelope addressed to “Clark County ARES®/RACES”:
  - a. “ARES®/RACES Registration/Update Form”
  - b. “Clark County Volunteer Emergency Worker Registration Form”
  - c. “ARES®/RACES Availability Profile and Equipment Availability Form”
3. Fill out the “Background Investigation Application Form”. All applicants are subject to a background check before their registration is complete. Be sure to read the information on the back of the form. Place and seal only this form, along with any attachment, in the envelope addressed to “Clark County Sheriff’s Office” and give the envelope to your EC or mail it directly to the Clark County Sheriff’s Office where the background check will be done.
4. When you present your application forms to the EC, ask to have a photograph taken for your ID card.
5. Upon approval of your application, you will be assigned an Emergency Worker Registration number and given a Photo ID badge. This ID badge must be worn at all missions and exercises.
6. Finally, you will be assigned to a team and will be given an insert for your ARES®/RACES Operations Manual. This insert will include instructions on how to assemble your manual. You will be given the opportunity to purchase an ARES®/RACES vest and cap.

**It is expected that you will attend a reasonable number of ARES®/RACES meetings that are held on the third Monday of each month (except August and December) at 7:00 PM at the location announced on the Clark County ARES®/RACES website:**

**[www.ccares.org](http://www.ccares.org)**

**You are invited to check into the ARES® and Information Net each Tuesday evening at 7:00 PM on the 147.24+ MHz repeater.**

***If you have any questions, please ASK!***

## VOLUNTEER EMERGENCY WORKER REGISTRATION (State of Washington)

### WAC 118-04-080 Registration

Registration is prerequisite for eligibility of emergency workers for benefits and legal protection under chapter 38.52 RCW.

- (1) Emergency workers shall register in their jurisdiction of residence or in the jurisdiction where their volunteer organization is headquartered by completing and filing an emergency worker registration card, Form DEM-024 or equivalent, with the local emergency management agency.
  - (a) The information provided during registration may be used by local authorized officials to conduct criminal history and driving record background checks.
  - (b) Failure to truthfully respond to statements set forth on the registration form may result in the denial of registration, revocation of registration as an emergency worker, or denial of compensation for claims or damage.
  - (c) Registration and subsequent issuance of an emergency worker identification card, Form DEM-025 or equivalent, shall be at the direction of the local emergency management agency director. Denial of registration should only be made for cause.
  - (d) Each emergency worker shall be assigned to an emergency worker class as listed in WAC 118-04-100 in accordance with their skills, abilities, licenses, and qualifications.
- (2) An employee of the state or of a political subdivision of the state who is required to perform emergency duties as a normal part of their job shall be considered as registered with the local emergency management agency in the jurisdiction in which they reside.
  - (a) When such individuals are outside the jurisdiction of their employment during a disaster or emergency, except when acting under the provisions of a mutual aid agreement, they should report to the on-scene authorized official and announce their capabilities and willingness to serve as a volunteer during the emergency or disaster. These individuals will be afforded the same protection as all other emergency workers.
  - (b) Such individuals, including volunteer fire fighters enrolled under chapter 41.24 RCW, shall not be eligible for compensation as emergency workers when, during an emergency or disaster, they are performing their normal duties in the geographic area they are normally assigned to work or in another geographic area under the provisions of a mutual aid agreement.
- (3) Temporary Registration.
  - (a) Temporary registration may be authorized:
    - (i) In those emergency situations requiring immediate or on-scene recruiting of volunteers to assist in time-critical or life-threatening situations.
    - (ii) In those training or exercise situations where certain duties can be performed by persons who have no permanent and specific emergency worker assignments and who are not registered emergency workers but whose participation may be essential or necessary for the conduct of the training or exercise activity such as persons serving as disaster victims during a medical exercise.
  - (b) Persons shall be temporarily registered during the period of service if they have filled out a temporary registration card which includes name, date of birth, and address, as well as information describing the emergency, training, or exercise function they participated in, and the date and time they were involved in these activities, are issued a temporary identification card, and have reported to and are under the control and supervision of an authorized official operating under the provisions of chapter 38.52 RCW.
  - (c) When the lack of available time or resources precludes the completion of separate temporary registration and identification cards for each person, entry of the person's name, assignment, date and times of work, total hours worked, and miles driven (if applicable) on an emergency worker daily activity report, Form DEM-078 or equivalent, shall suffice until such time as the required forms can be completed. In these cases, the emergency worker's date of birth shall be used in lieu of an emergency worker identification card number in the appropriate block on the Form DEM-078.
  - (d) Period of service:
    - (I) The period of service for persons temporarily registered shall commence no earlier than the date and time of issuance of an

emergency management division mission, evidence search mission, or training event number.

- (ii) The period of service for persons temporarily registered shall terminate no later than the termination date and time of the emergency management division mission, evidence search mission, or training event number.
- (4) Any citizen commandeered for service in accordance with RCW 38.52.110 shall be entitled, during the period of this service, to all privileges, benefits and immunities provided by state law and state or federal regulations for registered emergency workers so long as that citizen remains under the direction and control of an authorized official. Such persons should complete temporary registration at the scene in order to facilitate the processing of any claim that may result from that service.
- (5) Animals, such as dogs and horses used in search and rescue and other disaster responses may be registered with the local emergency management agency.
  - (a) The purpose of this provision is to support those instances where a search dog or other animal must be transported on commercial aircraft. Registration as an emergency search and rescue animal will aid the airline in determining the proper method of transporting the animal.
  - (b) Registration of an animal will also facilitate the processing claims for that animal should it become injured or killed during a training event or mission.

### WAC 118-04-200 Personal responsibilities of emergency workers

- (1) Emergency workers shall be responsible to certify to the authorized officials registering them and using their services that they are aware of and will comply with all applicable responsibilities and requirement set forth in these rules.
  - (a) Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.
  - (b) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.
  - (c) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.
  - (d) Emergency workers participation in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180. All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.
  - (e) Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter 46.29 RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180.
  - (f) Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicle operator course or the emergency vehicle accident prevention course and who are duly authorized under state law to use special driving skills and equipment and who do so at the direction of an authorized official.
- (2) Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services.
  - (3) When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.
  - (4) Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required recordkeeping and reporting.

# ARES®/RACES

## Registration/Update Form

(Please PRINT - Complete all information and return form to Emergency Coordinator)

Check if this is an update

DATE \_\_\_\_\_

Name: Last \_\_\_\_\_ MI. \_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expires: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Alternate Phone ( ) \_\_\_\_\_  Work  Cellular  Pager  \_\_\_\_\_

Alternate Phone ( ) \_\_\_\_\_  Work  Cellular  Pager  \_\_\_\_\_

Alternate Phone ( ) \_\_\_\_\_  Work  Cellular  Pager  \_\_\_\_\_

Call Sign \_\_\_\_\_ Expires: \_\_\_\_\_ Year first Licensed: \_\_\_\_\_

• License Class:  Novice  No-Code Tech  Tech-Plus  General  Advanced  Extra

• CRESA Emergency Worker ID Card: Reg. # \_\_\_\_\_ Expires: \_\_\_\_\_

• First Aid Training Card Current? .....  No  Yes Expires: \_\_\_\_\_

• CPR Training Card Current? .....  No  Yes Expires: \_\_\_\_\_

• "Introduction to Disaster Services" (ARC)? .....  No  Yes Date: \_\_\_\_\_

• "Introduction to Shelter Operations" (ARC)? .....  No  Yes Date: \_\_\_\_\_

• ARRL Communications Courses: I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_  
(date completed) (date completed) (date completed)

• Packet BBS/Mailbox:

Home BBS address: \_\_\_\_\_ @ \_\_\_\_\_ . (# \_\_\_\_\_) . \_\_\_\_ . USA . NOAM

Personal TNC Mailbox: \_\_\_\_\_ - \_\_\_\_\_ Frequency: \_\_\_\_\_  Always On

• E-mail Address: \_\_\_\_\_

• Cell Phone Text Address: \_\_\_\_\_

• Frequencies Monitored:

147.240+ Rptr.  443.925+ Rptr.  \_\_\_\_\_  \_\_\_\_\_

• I understand that all applicants are subject to a background check by Clark County Sheriff's Office.

• Signature: \_\_\_\_\_

For Office Use

Background: \_\_\_\_\_  
Photo for ID: \_\_\_\_\_  
CRESA ID: \_\_\_\_\_  
ARES® ID: \_\_\_\_\_  
Team Assign: \_\_\_\_\_  
In Database: \_\_\_\_\_

CLARK COUNTY

Amateur Radio Emergency Service® / Radio Amateur Civil Emergency Service

# ARES® / RACES

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# ARES®/RACES

## Availability Profile

NAME: \_\_\_\_\_ CALL SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

Please call me in the following order (first / second / third):

Daytime: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Evenings: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Comments about calling: \_\_\_\_\_

• **EXERCISES:** I would be available for call-out:

**DAYTIME:**  Anytime needed I monitor (frequencies) \_\_\_\_\_

or from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

and from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

and from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

**EVENINGS:**  Anytime needed I monitor (frequencies) \_\_\_\_\_

or from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

and from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

and from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

COMMENTS: \_\_\_\_\_

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

• **ACTUAL DISASTERS:** I would be available for call-out:

**DAYTIME:**  Anytime needed I monitor (frequencies) \_\_\_\_\_

or from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

and from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

and from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

**EVENINGS:**  Anytime needed I monitor (frequencies) \_\_\_\_\_

or from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

and from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

and from (times) \_\_\_\_\_ to \_\_\_\_\_ on (circle all that apply) Su Mo Tu We Th Fr Sa

COMMENTS: \_\_\_\_\_

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

PLEASE INDICATE YOUR  
EQUIPMENT  
AVAILABILITY ON  
REVERSE SIDE



# ARES®/RACES

## Equipment Availability

- **Equipment:** (check all that apply- example: if you use your base station also as mobile , check both squares)

ITEM	HF	Opr. CW?	VHF (2m)	UHF (220)	UHF (440)	PACKET
Base Station						
Mobile						
Portable						
Portable Antenna						
Emergency Power						
Emergency Generator - (Watts: _____ )			Portable Printer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: _____	APRS Tracking? <input type="checkbox"/> Yes <input type="checkbox"/> No		GPS? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Comments:**

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# ARES®/RACES

## Background Investigation Application Form PLEASE PRINT

(Legal Last) NAME:		(Legal First)		(Middle)	
NICKNAMES:					
MAILING ADDRESS:					TEAM #:
PHYSICAL ADDRESS:				HOME PHONE: (     )	
CITY:			STATE:		ZIP CODE:
SOCIAL SECURITY # <b>LAST FOUR DIGITS:</b>	000-00- - - - -	DRIVER LICENSE #  STATE ISSUED:		EXPIRES: Month/Yr	DATE OF BIRTH: mm/dd/yyyy
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT:	WEIGHT:	COLOR HAIR:	COLOR EYES:	BLOOD TYPE:

***BEFORE ANSWERING THE FOLLOWING QUESTION, DON'T FORGET ABOUT ANY PAST TRAFFIC CONVICTIONS SUCH AS "DUI/DWI", ETC.  
IF YOU ARE NOT SURE, CHECK IT OUT BEFORE YOU ANSWER "NO".***

- **Have you ever been convicted of a misdemeanor or felony?** ( ) Yes ( ) No
  - If yes please explain on a separate sheet of paper and attach to this form.
- **I hereby give permission for the Clark County Sheriff's Office to conduct a background check and also obtain an abstract of my driving record. All information is confidential and only reviewed by department personnel.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian of applicant if under 18 years of age.

Records Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**Mail this form to:**

Clark County Sheriffs Office – West Precinct  
R/Deputy Perry Fladager  
505 NW 179<sup>th</sup> Street  
Ridgefield, WA 98642

360.397.2211 ext. 5379  
perry.fladager@clark.wa.gov

Date: September 12, 2004  
Replaces: May 12, 2004

## **Limited Background Investigations for ARES/RACES**

### **History**

For some time your Management Team and the Clark Regional Emergency Services Agency (CRESA) have discussed the need to initiate a limited background check for current members and future applicants. With the access that many of you have to government buildings, many agencies require that there be a limited background check. Homeland security issues are effecting everything we do and this is just another process that needed to be implemented. The Sheriff's office is now prepared to handle the applications and we have implemented this for all current members and all future applicants to this organization. CRESA supports this procedure and is asking all of you for your cooperation.

### **Application**

This is nothing more than what is done for a Girl Scout leader or Little League Coach. Please make sure you legibly print the information and that you provide your LEGAL name along with any nicknames in the appropriate section. As for your Social Security number, we only need the last four digits. If you don't know your blood type, it is not an issue.

### **Confidentiality**

With concerns about confidentiality and identity theft, we have implemented a procedure whereby you will place the completed form in a pre-addressed sealed envelope and give it to your Emergency Coordinator who will get it to our Sheriff Liaison Officer. Or, you may send it directly to the Sheriff's West Precinct. All paperwork will be kept secured at the Sheriff's office.

### **Concerns**

This is an approved or denied process. If there is a problem, our Sheriff Liaison Officer will be in touch with you directly to see if the concern can be resolved. Any issues you have should be noted on a separate paper attached to the application. Our intent is to have everybody approved and will do our best to make that happen, if possible.

Thank you for your cooperation.