



**SHERBURNE COUNTY, MINNESOTA  
EMERGENCY COMMUNICATIONS TEAM  
ARES/RACES/SKYWARN Membership Application**

This is an application for:                   \_\_\_ ARES       \_\_\_ RACES       \_\_\_ SKYWARN

*Dual ARES/RACES membership is strongly recommended* In order to serve effectively as a volunteer member of the emergency staff, access to otherwise restricted areas, such as the EOC, may be associated with RACES participation and assignments. To the extent that similar requirements exist for other members of the emergency staff with access to restricted areas, a limited background check for RACES 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
<i>CW</i>												
<i>FM</i>												
<i>SSB</i>												
<i>Packet</i>												
<i>Mobile</i>												
<i>Handheld</i>												

**CONTACT INFORMATION**

Call sign: \_\_\_\_\_ Class: \_\_\_\_\_ SKYWARN ID: \_\_\_\_\_  
 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/injury (Name/Phone): \_\_\_\_\_

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**VEHICLE INFORMATION**

**(Mandatory for Mobile SKYWARN Spotting)**

Primary vehicle used for SKYWARN: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Reflective Vest: \_\_\_\_\_ County Map(s): \_\_\_\_\_ 25 watt Mobile Radio: \_\_\_\_\_

**(Recommended for Mobile SKYWARN Spotting)**

Anemometer: \_\_\_\_\_ Compass: \_\_\_\_\_ Binoculars: \_\_\_\_\_ Camera: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**SIGNATURE BLOCK**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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