

ROCKDALE AMATEUR RADIO EMERGENCY SERVICE

NAME: _____

CALL SIGN: _____ **CLASS:** _____

ADDRESS: _____

CITY: _____ **GA ZIP CODE** _____

E-MAIL: _____

PHONE (HOME): _____

PHONE (WORK): _____

PHONE (CELL/PAGER): _____

SKYWARN CERTIFIED (CIRCLE) YES/NO SKYWARN ID _____

IN THE EVENT OF AN EMERGENCY OR DISASTER

Can we call at any time? (circle) Yes / No

Hours I don't want called _____

Could you work during the day? (circle) Yes / No

Could you work overnight? (circle) Yes / No

Would you operate in the field? (circle) Yes / No

Do you have portable equipment capable of operating independently

of commercial power for up to four (4) hours?

HF VHF UHF PACKET
Batteries Generator Mobile-only Ac only

Home QTH station capable of operating VHF-Simplex in excess

of five (5) miles to ht station? (circle) Yes / No

Comments: _____