

NAME: _____ CALL: _____ LICENSE CLASS: _____

HOME ARES TEAM: _____ DATE: _____

Section: Eastern Pennsylvania

ARES <input type="checkbox"/> TRAINING LEVEL 4: EPA ARESMAT (EPA Mutual Aid)			
TASK	Required/ Optional	Completion Date	Recorded
Education			
ARRL EC-001 Intro to Emergency Communications	R		
ICS-100	R		
ICS-200	R		
ICS-700	R		
ICS-800	R		
IS-300 – Intermediate ICS for Expanding Incidents*	O		
IS-400 – Advanced ICS*	O		
Communications Unit Leader COML*	O		
Communications Unit Technician COMT*	O		
AUXCOM*	O		
License Required: <ul style="list-style-type: none"> • Technician • General or Higher 	R R _{HF}		
Demonstrate program radio using reference sheet or instruction manual	R		
Setup & Basic Troubleshooting with manual <ul style="list-style-type: none"> • VHF/UHF voice & antenna • HF voice + NVIS antenna 	R D _{HF}		
Proficiency with ICS Forms: <ul style="list-style-type: none"> • ICS-205 • ICS-214 • ICS-309 • ICS-213 	R R R R		
Voice Message Handling; ARRL & ICS-213 formats	R		
Digital Message Handling Experience <ul style="list-style-type: none"> • Winlink – RF <ul style="list-style-type: none"> ○ • FLDIGI/FLMSG 	R R _{SNJ}		

Participation: <ul style="list-style-type: none"> • Simulated Emergency Test or Exercise (Annually) • Public Service Event (Annually) • NCS Role (Semi-Annually) 	R R R		
Comment: Level 4 EPA ARESMAT members are required to provide Emergency Contact information in ARES Connect or on application.			
ABILITIES:		<i>Date</i>	<i>EC/DEC sign-off</i>
Participate in ARESMAT training sessions, as necessary	R		
Collaborate cooperatively with served local team and severed agencies.	R		
Comment: Key R ~ Required R_{HF} ~ Indicates require FCC License for operating frequency within HF bands, while Technician can assist O ~ Optional			
Revised 2/28/2021			

NAME: _____ CALL: _____ LICENSE CLASS: _____

HOME ARES TEAM: _____ DATE: _____

ARES <input type="checkbox"/> TRAINING LEVEL 5: <u>Mid-Atlantic ARESMAT</u>			
TASK	Req/Opt	Completion Date	Recorded
Education			
ARRL EC-001 Intro to Emergency Communications	R		
ARRL EC-016 Public Service & Emergency Com Management*	O		
<i>WebEOC (required annually)</i>	<i>D_{MDC}</i>		
ICS-100	R		
ICS-200	R		
ICS-700	R		
ICS-800	R		
IS-300 – Intermediate ICS for Expanding Incidents*	O		
IS-400 – Advanced ICS*	O		
Communications Unit Leader COML*	O		
Communications Unit Technician COMT*	O		
AUXCOMM	O		
Comment: *Required for ARES MAT Team Leaders.			
R_{xxx} As required by Severed Section			
License Required: Technician General or Higher for HF	R R		
Digital Message Handling Experience <ul style="list-style-type: none"> Winlink – RF FLDIGI/FLMSG 	O _{MDC} R _{SNJ}		
Setup & Basic Troubleshooting with manual <ul style="list-style-type: none"> VHF voice & digital station + antenna HF voice & digital station + NVIS antenna 	R O _{SNJ}		
Demonstrate program radio using reference sheet or instruction manual	R		
Participation: <ul style="list-style-type: none"> Simulated Emergency Test or Exercise (Annually) Public Service Event (Annually) NCS Role (Semi-Annually) 	R R R		
Assemble 72 hours - Deployment kit	R		

Proficiency with ICS Forms: <ul style="list-style-type: none"> • ICS-205 • ICS-214 • ICS-309 	R R R			
Comment: Level 5 - Mid-Atlantic ARESMAT members are required to provide Emergency Contact information in ARES Connect or on application.				
Leadership		<i>Date</i>	<i>EC/DEC sign-off</i>	
Participate in ARESMAT training sessions, as necessary	R			
Collaborate cooperatively with served local team and sever agencies.	R			
Key R ~ Required by all Sections R_{xxx} ~ Required by Indicated Section(s) abbreviation O ~ Optional				
Comment:				

Revised 2-28-21

Mid-Atlantic ARESMAT Qualified Level Completion Record

The listed tasks for the **Mid-Atlantic ARESMAT Qualified** level having been dated and initialed indicate successful completion of all the tasks required of the ARES Communicator for the AWAY TEAM level.

_____ The individual is recommended as certified for **Mid-Atlantic ARESMAT Qualified Level**.

_____ The individual is in need of additional training as indicated below. (Optional)

Date: _____ EC: _____

Comments: _____

_____ The individual is recommended as certified for this position.

_____ The individual is in need of additional training as indicated below. (Optional)

Date: _____ EC/DEC: _____

Comments: _____

AWAY TEAM Deployment Request

_____ **Request for Deployment Team Consideration**

NAME: _____ CALL: _____ LICENSE CLASS: _____

HOME GROUP: _____ DATE: _____