

CT Amateur Radio Emergency Service





Join us

Joining CT ARES

- Open your favorite browser and go to the following URL:
 - https://secure1.ema.arrl.org/qilan/ares/CT/CT_ARES_about

The following page opens:





Connecticut ARRL Section
Amateur Radio Emergency Service (ARES)
Member Registration and Record System

[New Application](#) [Member Login](#) [CTARES](#) [Privacy Policy](#) [Site Information](#)


This is a web-based registration and record system for members of the Connecticut Amateur Radio Emergency Service where your membership information will be recorded in our ARES membership database.


Our served agencies may have specific requirements for personnel that are provided by ARES and this information enables us to better meet their needs and expedite credentialing of hams who respond to a call for assistance.

We hope that our ARES team members will maintain their information and keep it current including the various training courses they complete. Please use the "Training" link at the top of your membership record page to update your training information. Remember, ongoing training helps us to maintain our readiness and skills.

If you wish to become a Connecticut ARES team member, and you have not already registered on-line, please select the **"New Application"** link and fill out the member registration form.

Thank you for your interest in becoming part of the Connecticut ARES team.





Click on "New Application"



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A "Member Record" form opens



Connecticut ARRL Section Amateur Radio Emergency Service (ARES) Member Record

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When finished, click the "**Enter Registration**" button at the bottom. You should receive a response email shortly.
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General Registration Information

Check one or more **Don't List** boxes if you do not wish the information to be printed on any rosters.

	Please fill-in your information in the boxes below	Don't List
Call sign:	<input type="text"/> (Required) <input type="checkbox"/> ARRL member?	<input type="checkbox"/>
License Information:	Amateur License Class: <input type="text"/> Expiration Month (MM): <input type="text"/> (i.e. 03) Expiration Day (DD): <input type="text"/> (i.e. 12) Expiration Year (YYYY): <input type="text"/> (i.e. 2010)	<input type="checkbox"/>
Name:	<input type="text"/> <input type="text"/> <input type="text"/> First Name MI Last Name	<input type="checkbox"/>
Address:	<input type="text"/>	<input type="checkbox"/>
City/State/Zip:	<input type="text"/> (Required)	<input type="checkbox"/>
Your County:	<input type="text"/> (Required)	<input type="checkbox"/>
Town Work In:	<input type="text"/>	<input type="checkbox"/>

Callsign (required)



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Your County:	<input type="text"/> (Required)	<input type="checkbox"/>
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License info (optional)
but recommended



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Name (required)





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Address (required)



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County (required)





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Address:	<input type="text"/>	<input type="checkbox"/>
City/State/Zip:	<input type="text"/> (Required)	<input type="checkbox"/>
Your County:	<input type="text"/> (Required)	<input type="checkbox"/>
Town Work In:	<input type="text"/>	<input type="checkbox"/>

Town Work In (optional)



At least ONE of these
MUST be given

Home Phone:	<input type="text"/>	<input type="checkbox"/>
Office Phone:	<input type="text"/>	<input type="checkbox"/>
Cell Phone:	<input type="text"/>	<input type="checkbox"/>
Pager Phone:	<input type="text"/>	<input type="checkbox"/>
Other Phone:	<input type="text"/>	<input type="checkbox"/>
Internet E-mail:	<input type="text"/>	<input type="checkbox"/>
Alternate E-mail:	<input type="text"/>	
Packet E-mail:	<input type="text"/>	<input type="checkbox"/>
Date of Birth:	DOB Month (MM): <input type="text"/> (i.e. 02) DOB Day (DD): <input type="text"/> (i.e. 14) DOB Year (YYYY): <input type="text"/> (i.e. 1955)	<input type="checkbox"/>
Password:	<input type="text"/> (Used by you to keep your record up-to-date)	

These are optional

Home Phone:	<input type="text"/>	<input type="checkbox"/>
Office Phone:	<input type="text"/>	<input type="checkbox"/>
Cell Phone:	<input type="text"/>	<input type="checkbox"/>
Pager Phone:	<input type="text"/>	<input type="checkbox"/>
Other Phone:	<input type="text"/>	<input type="checkbox"/>
Internet E-mail:	<input type="text"/>	<input type="checkbox"/>
Alternate E-mail:	<input type="text"/>	
Packet E-mail:	<input type="text"/>	<input type="checkbox"/>
Date of Birth:	DOB Month (MM): <input type="text"/> (i.e. 02) DOB Day (DD): <input type="text"/> (i.e. 14) DOB Year (YYYY): <input type="text"/> (i.e. 1955)	<input type="checkbox"/>
Password:	<input type="text"/> (Used by you to keep your record up-to-date)	

A working e-mail
address is required

Home Phone:	<input type="text"/>	<input type="checkbox"/>
Office Phone:	<input type="text"/>	<input type="checkbox"/>
Cell Phone:	<input type="text"/>	<input type="checkbox"/>
Pager Phone:	<input type="text"/>	<input type="checkbox"/>
Other Phone:	<input type="text"/>	<input type="checkbox"/>
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Password:	<input type="text"/> (Used by you to keep your record up-to-date)	

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Home Phone:	<input type="text"/>	<input type="checkbox"/>
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Password:	<input type="text"/> (Used by you to keep your record up-to-date)	

Enter a secure password – if this is left empty, you will not be able to modify your record in the future

Home Phone:	<input type="text"/>	<input type="checkbox"/>
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Password:	<input type="text"/> (Used by you to keep your record up-to-date)	


This self-explanatory table is used to list additional technical facilities you might have during a drill or event.

Additional Technical Information

Check the box if **Yes** otherwise leave blank for **No** and provide additional information where applicable:

Portable/Mobile/Transport	Yes?	Digital, Weather, ATV, etc	Yes?
If you answered NO to mobile/portable packet above, can you operate a mobile/portable node or digipeater?	<input type="checkbox"/>	Do you have a computer (Dos, Windows, Mac)? Please specify OS: _____	<input type="checkbox"/>
Do you have a 4-wheel drive vehicle? If YES, then specify: _____	<input type="checkbox"/>	Do you have a computer modem for landline phone?	<input type="checkbox"/>
Do you have a hi-capacity vehicle? If YES, then specify: _____	<input type="checkbox"/>	Do you have expertise in Packet/Digital Modes? If YES, then specify: _____	<input type="checkbox"/>
Do you have a snowmobile?	<input type="checkbox"/>	Do you have Digital weather? WEFAX? Emwin? If YES, then specify: _____	<input type="checkbox"/>
Other off-road / All-Terrain Vehicles? If YES, then specify: _____	<input type="checkbox"/>	Do you have an EMWIN/WeatherNode setup?	<input type="checkbox"/>
Do you have a magnetic mount antenna? If YES, then specify: _____	<input type="checkbox"/>	Do you have a Weather Radio with Alert? With SAME/EAS upgrade? <input type="checkbox"/>	<input type="checkbox"/>
Do you have a 2m/440 radio with cross-band/repeat AND do you know how to use it?	<input type="checkbox"/>	Does your TNC have other modes not listed? If YES, then specify: _____	<input type="checkbox"/>
Do you have a portable mast? If YES, then specify height (feet): _____ Please specify any beams you may have? _____	<input type="checkbox"/>	Is your Packet station more than AX-25 PBBS/TNC? If YES, then specify (Dual-HF, IP, APRS): BBS Type: _____ Weather Node: _____	<input type="checkbox"/>
Do you have a portable gas generator? If YES, then specify KW Rating: _____	<input type="checkbox"/>	Do you have any exotic modes: Satellite, ATV, etc.? If YES, then specify: _____	<input type="checkbox"/>

Are you available
if an activation or
training event
takes place?



Activation Information

Check the box if **Yes** otherwise leave blank for **No** and provide additional information at the bottom of the form if needed. An answer of **No** is OK, since we need to know who is and who is not available for those emergencies that are not conveniently on long weekends but aren't quite severe enough to close all businesses.

	Yes?		Yes?
Are you available 24 hours a day? (E.g., will you respond to emergencies after midnight?)	<input type="checkbox"/>	Are you interested and able to help in activation notifications? (Requires high-availability and either lots of phone-dialing or alpha-pager software.)	<input type="checkbox"/>
Are you available for real emergencies during business hours (0800 - 1700 M-F)?	<input type="checkbox"/>	Are you willing to work routine (non-emergency) public service events?	<input type="checkbox"/>

List the
organizations you
belong to, your
leadership
capabilities, your
interests, etc.




Organizational Information


Check the box if **Yes** otherwise leave blank for **No** and provide additional information where applicable:

	Yes?		Yes?
Do you want to receive ARES roster updates and other messages at your Internet address?	<input type="checkbox"/>	Have you had previous ARES appointments?	<input type="checkbox"/>
		If YES, then position(s): <input type="text"/>	
		If YES, then where: <input type="text"/>	
Do you want to be considered for ARES net control?	<input type="checkbox"/>	Are you actively involved in NTS ?	<input type="checkbox"/>
If YES, do you have NCS experience (Y/N)?	<input type="checkbox"/>	If YES, then ORS, NM, NCS, Other ? <input type="text"/>	
Are you willing to help with recruiting for ARES in your town, community or club? If YES, then specify: <input type="text"/>	<input type="checkbox"/>	Would you like information on the National Traffic System (NTS) and becoming an Official Relay Station?	<input type="checkbox"/>
Are you actively involved in Skywarn ? If YES, then Net Coordinator, Net Control, Spotter, Other? <input type="text"/>	<input type="checkbox"/>	Do you hold any other ARRL Field Position? If YES, then specify: <input type="text"/>	<input type="checkbox"/>

**Are you a trained
weather spotter or
would you like to
become one?**




<p>Have you received Skywam training? If YES, then when:</p> <input type="text"/>	<input type="checkbox"/>		
<p>If YES, then where:</p> <input type="text"/> <p>If you have not received Skywam training, would you like information on Skywam?</p>	<input type="checkbox"/>	<p>Do you have relationships with other served agencies or radio auxiliaries that might conflict or would make you a natural Liaison?</p> <p>Examples: MARS, CAP, CG Auxiliary, American RedCross, Salvation Army.</p> <p>Possible Conflicts (Yes)? <input type="checkbox"/></p> <p>Which Agencies:</p> <input type="text"/> <p>Possible Liaisons (Yes)? <input type="checkbox"/></p> <p>Which Agencies:</p> <input type="text"/>	<input type="checkbox"/>



**Are you already
part of another
organization that
will potentially
conflict with ARES
assignments?**


Are you qualified
to become an
Official
Emergency Station
(OES)?




	Yes?
Do you have prior Emergency Communications <u>experience & training</u> such that you qualify for OES?	<input type="checkbox"/>
If YES, please explain below. Qualified experience might include Skywarn, Non-emergency Public Service Events, and Red Cross. Please note that OES appointments require ARRL membership.	

List other accomplishments, memberships, etc.

DO NOT list any training here that you may have taken. We have a separate page for training.

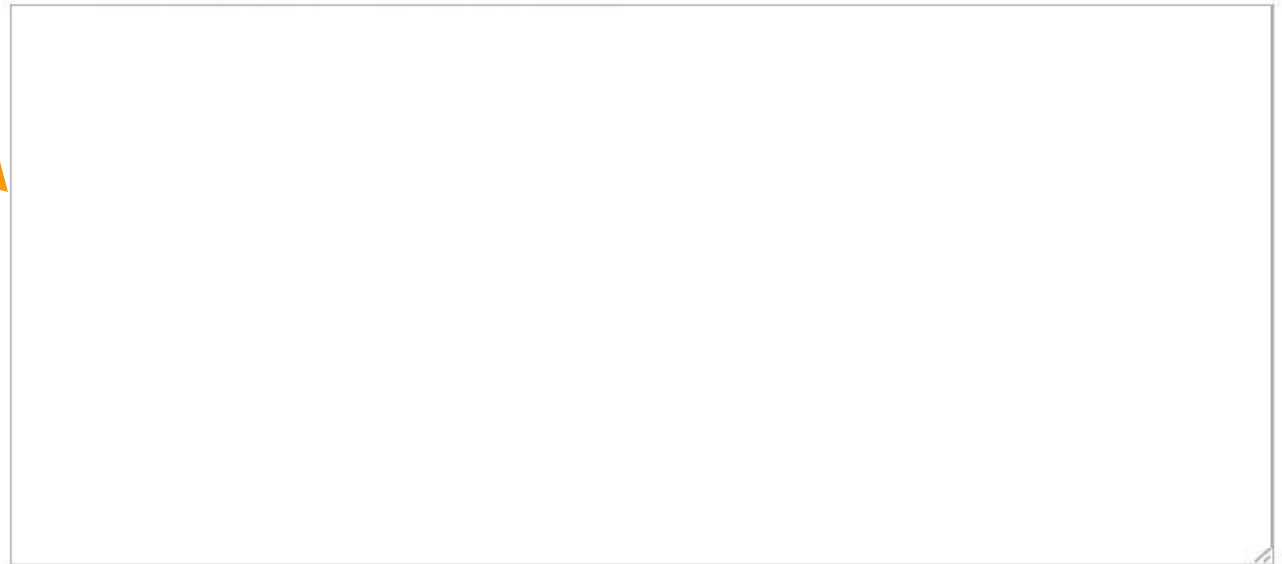


IMPORTANT!!
Click this button before continuing or all your work will be lost!



Additional Information and Comments

Other than training, provide any additional information you feel will be helpful to ARES. Include such things as other communications or public service memberships (notification nets, Red Cross, etc.), computer experience, electronics tech, public relations, or any **special equipment** you own and can make available to ARES. Please use the space below:



After entering this registration, **please log back in and use the training link at the top of the page.** Please enter relevant training (emergency management, incident-command, first aid/medical, search and rescue, EMT, fire-fighter, haz-mat).

Enter Registration

Now go back again to the website and click on “Member Login”:
https://secure1.ema.arrl.org/qilan/ares/CT/CT_ARES_about



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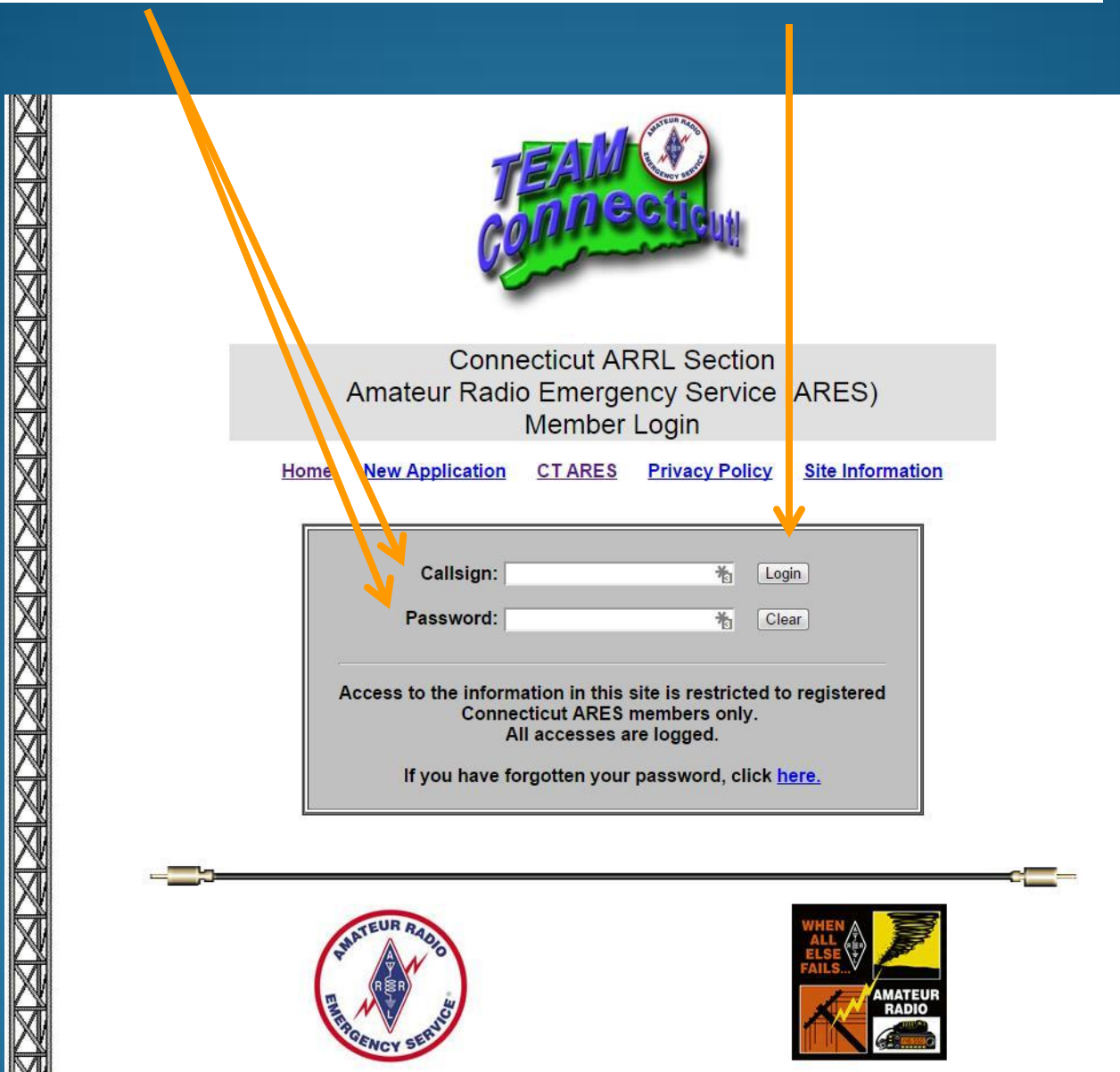
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A new screen appears. Enter your callsign and the password you just created (both in lower case) and click the “Login” button:



TEAM Connecticut

Connecticut ARRL Section
Amateur Radio Emergency Service (ARES)
Member Login



[Home](#) [New Application](#) [CT ARES](#) [Privacy Policy](#) [Site Information](#)

Callsign:

Password:

Access to the information in this site is restricted to registered Connecticut ARES members only.
All accesses are logged.

If you have forgotten your password, click [here](#).

Now click on "Training Qualifications":



Connecticut ARRL Section
Amateur Radio Emergency Service (ARES)
Edit Member Information

[Home](#) [Training Qualifications](#) [Display Photo](#) [Upload Photo](#)

If you change any data on this page, make sure to press the "Update" button BEFORE selecting one of the menu choices above, otherwise you will lose your changes.

General Registration Information

Check one or more **Don't List** boxes if you do not wish the information to be printed on any rosters.

	Please fill-in your information in the boxes below	Don't List
--	---	-------------------

This is the page
where you can
'brag' about your
training.



Connecticut ARRL Section
Amateur Radio Emergency Service (ARES)
Member Training Qualifications

[Return to Editing Your Member Information](#)

Current Training Qualifications for WZ1ZZZ

Listed below are the training qualifications currently on record for you. To add a new entry, select a course from the pull-down list at the bottom of the page and press "**Add Training Course**". To delete an entry, click the appropriate "**Delete**" link. If you need to correct an entry, use the delete link to delete the old entry and then add a new entry with the correct information.

Course	Title	Date	Qualification	Delete
--------	-------	------	---------------	--------

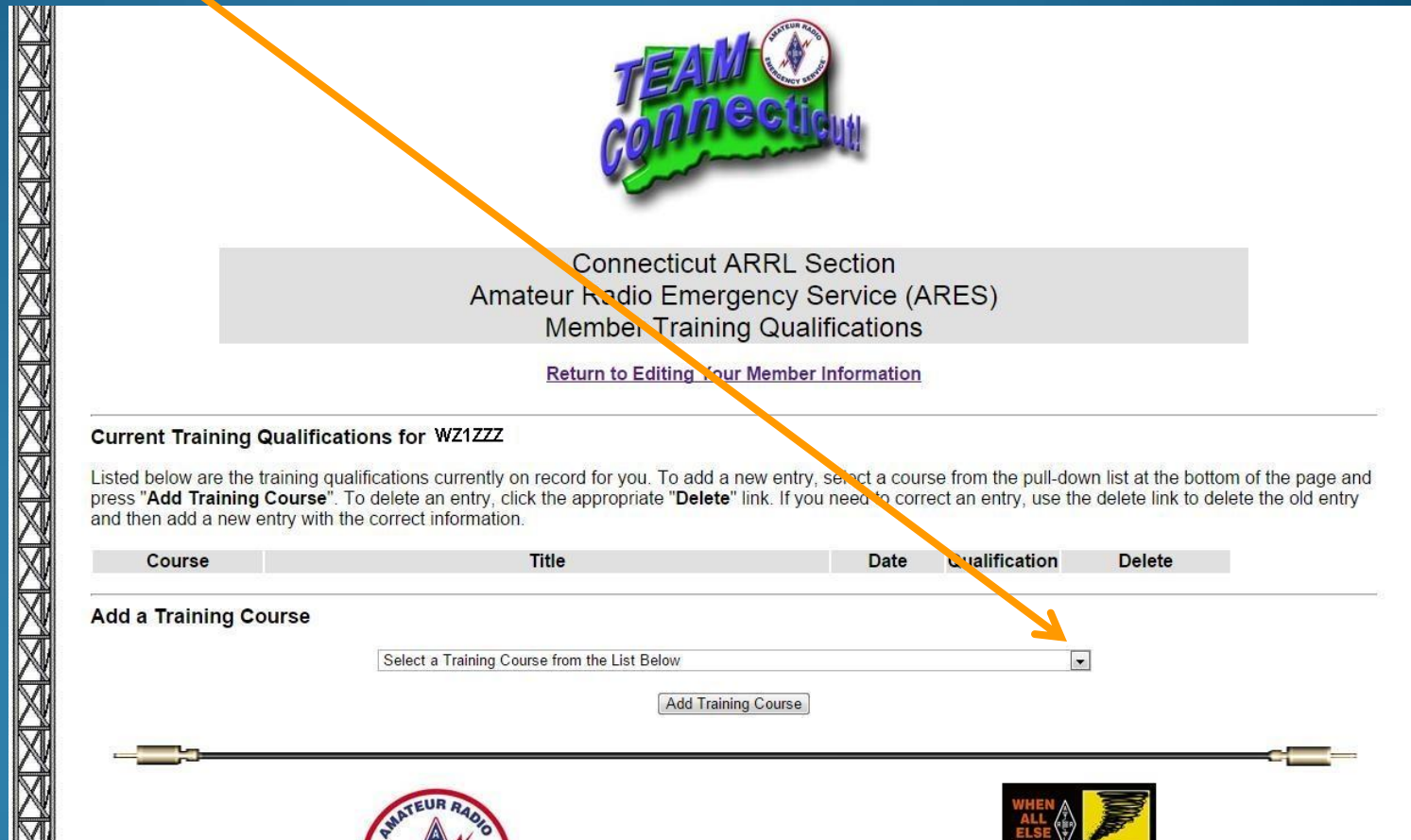
Add a Training Course

Select a Training Course from the List Below



Click on the button to show the drop-down list.

There are about three dozen courses listed here. To pick your course, just highlight it, click the “Add Training Course” button, then fill in the date you completed the course.



TEAM Connecticut

Connecticut ARRL Section
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Course	Title	Date	Qualification	Delete
--------	-------	------	---------------	--------

Add a Training Course

Select a Training Course from the List Below

Leave the Qualification column blank unless you are a Certified Instructor (CI) or a Certified Examiner (CE) for the course.



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Course	Title	Date	Qualification	Delete
--------	-------	------	---------------	--------

Add a Training Course

Select a Training Course from the List Below



To correct a course entry, the course must be deleted and re-entered. Just click the highlighted "Delete" link and reselect the course. When finished adding the courses, go back to the main page and click the "Enter Registration" button to save your work.



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Course	Title	Date	Qualification	Delete
--------	-------	------	---------------	--------

Add a Training Course

Select a Training Course from the List Below



**Congratulations!! You're now
a member of CT's ARES Group!**

