

Franklin County ARES Member Tier Policy

Instituted: May 1, 2012

Purpose:

In order to better serve organizations within the community, Franklin County ARES (FCARES) uses a tiered membership method to properly match the members of FCARES with the needs of served agencies.

Scope:

All members of FCARES will be placed into one of the designated tiers, aligning them with the needs of the served agencies. Served agencies may have requirements beyond those presented in this policy and FCARES will attempt to work with them to provide members who will meet those unique needs.

Overview:

The tiered membership program will consist of 3 tiers. They are associate member, Level 2, and Level 1 membership. The discretion to decide the tier assignment for each member lies solely with the FCARES Emergency Coordinator, as registered with Missouri ARES. The Assistant Emergency Coordinator/s as well as the Emergency Coordinator will review each applicant. The Emergency Coordinator will take recommendations from the appointed assistant/s and make the final determination.

Application Process:

Each person interested in becoming a member of FCARES must submit an application. That person will be considered for membership and, if accepted, placed in the Associate Membership tier.

Tier Upgrade Application:

Members looking to upgrade their tier status will submit an application for tier consideration. The application will be reviewed by the Assistant Emergency Coordinator/s and the Emergency Coordinator. Each member will be reviewed independently and may submit a written statement for any comments that they have regarding any information that they deem pertinent to the selection process. The Emergency Coordinator will make the final assignment and has no obligation to provide reason or explanation for the tier assignment.

Membership Tiers:

Associate membership:

- This is the basic member and it is open to all who meet requirements within this category
- ICS courses encouraged but not required
- No background check
- Must attend at least 1 meeting every year
- If a licensed radio operator, must check into a FCARES net at least twice every 6 months.
- ARRL ARES member card issued by FCARES.

- Eligible to participate in nets, submit reports, participate in on-the-air drills, and attend meetings
- Ineligible to participate in public events or service representing FCARES

Level II membership:

- Must have completed ICS 100 and 700 (minimum)
- Basic criminal background check of public records required
- Subject to volunteer agreement(s) such as that with FCEMA and/or other served agencies
- May participate in public events and service, but will not be deployed to 'secure' areas
- Required to attend at least 1 meeting, and radio operators are required to check into a FCARES net at least twice, every six months
- Level 2 identification issued

Level I membership:

- As above, and additionally:
- Must be a licensed radio operator
- Must have completed ICS 100, 200, 700, 800, 802
- Extensive criminal background check
- Level 1 identification issued
- Qualify as a volunteer to serve in a secure area for a served agency of Emergency Coordinator's choice (i.e., Franklin County Emergency Management Agency).
- Must serve as net control at least once every 6 months
- Must pass official (or practice) traffic once every 6 months

Other qualifying and disqualifying factors may exist which are not listed above and may be considered by the Emergency Coordinator and Assistant Emergency Coordinator/s.

Those who do not agree to a check of public records are ineligible for category 1 and 2.

Proof of completion of FEMA courses is required; a transcript, confirmation emails, or copies of certificates should be sent or given to the Emergency Coordinator as courses are completed.

Removal from FCARES or Demotion from tiers:

The Emergency Coordinator has the authority to demote members from one tier to another or remove members from FCARES at his or her discretion. A review will be conducted by the Emergency Coordinator and the Assistant Emergency Coordinator/s for the process. If this happens, all equipment, identification cards, or any other items issued to the individual being demoted or removed must be turned in to the Emergency Coordinator or designee.

Franklin County Amateur Radio Emergency Service
Membership Application/Upgrade Application

Name: (First) _____ (M.I.) _____ (Last) _____ Call Sign _____

Address _____ City _____ Zip _____

Email _____ License Class _____

Home Phone _____ Work Phone _____ Cell Phone _____

FEMA Courses completed: ICS 100 ___ ICS 200 ___ ICS 700 ___ ICS 800 ___ ICS 802 ___

Bands I have radios and antennas to operate on: [for 2M and 70cm indicate M (mobile) P (portable) B (base) H (HT)]:

160M ___ 80M ___ 40M ___ 20M ___ 10M ___ 6M ___ 2M _____ 70cm (440MHz) _____

Other _____ Packet ___ Digital ___ CW ___ NVIS antenna for 80M ___ 40M ___ Em. Power _____

Complete the section below for the level for which you are applying. If you have additional information you would like to supply for consideration of eligibility for Level I or Level II membership, please attach it to this form. Proof of FEMA course completion is required.

ASSOCIATE MEMBERSHIP: I acknowledge that as an associate member, I am eligible to participate in FCARES meetings and on-the-air activities, but cannot participate in activities representing FCARES to the public. I will maintain the required level of activity to retain membership in FCARES.

Signature _____ Date _____

LEVEL II: By applying for Level II membership, I acknowledge that a background check of public records will be conducted, and that I have completed the minimum requirements outlined above, and I will maintain my level of activity to retain Level II membership. I understand that, if accepted, I can participate in public FCARES activities, but will not deploy to secure areas in times of emergency. Should my membership level change for any reason, I will return any materials, equipment, and identification issued by FCARES or any served agencies if required. Decisions on eligibility are at the sole discretion of the FCARES Emergency Coordinator.

Signature _____ Date _____

LEVEL I: By applying for Level I membership, I acknowledge and agree to a criminal background check conducted by the FCEMA or other agency. I certify that I have completed the required training outlined above, and will maintain my level of activity to retain Level I membership. Should my membership level change for any reason, I will return any materials, equipment, and identification issued by FCARES or any served agency if required. I understand that as a Level I member I may be deployed to secure areas. Decisions on eligibility are at the sole discretion of the FCARES Emergency Coordinator.

Signature _____ Date _____

Driver's License # _____ DOB _____