

**CONFIDENTIAL**  
**PERSONAL INFORMATION FORM**  
**ARES Mutual Aid**

To be collected by Mutual Aid invoking organization in emergency/exercise event.  
 This information is to be kept **CONFIDENTIAL**. **3 COPIES NEED** – see back of form at bottom.  
**(P l e a s e P r i n t)**

<b>Name</b>		
<b>Callsign</b>		
<b>Group Affiliation</b>		
<b>Identification</b>		
<b>Deployment Limitations</b>	<b>Availability</b>	
<b>Home Address</b>	<b>Tel:</b>	
<b>Emergency Contact Name</b>	<b>Relationship:</b>	
<b>Emergency Contact Home Address</b>	<b>Tel:</b>	
<b>Vehicle Make / Plate #</b>		
<b>Equipment / Gear</b>	<b>Model</b>	<b>Serial Number</b>

- This document to be destroyed by receiving ARES group after Radio Op has returned home -

**Form: DMAP-04** Dated: April 24-12

## Instructions

It is important that deployed individuals be properly identified prior to deploying into the affected area. Just as it is important to know exactly where your own group members are at all times in a disaster, so too it is important to know who and where any deployed DMAP members are. As well, any equipment brought in by the members as well as any personal requirements should be recorded. As this is a disaster area, Emergency Contact information should be collected.

It is also important this information collected is destroyed as soon as it is no longer required to support the disaster. Some information may need to be kept as part of the archive of the call out (i.e. Name, Callsign, Affiliation.)

<b>NAME:</b>	<i>Proper name as indicated on your identification. If using an alias, bracket the name</i>
<b>CALLSIGN:</b>	<i>The callsign that you will be using during the deployment. If vehicle has your callsign, suggest you use that one.</i>
<b>GROUP AFFILIATION:</b>	<i>(xxx ARES Group, Amateur Radio Club, etc)</i>
<b>VEHICLE/Plate#:</b>	<i>Your vehicle Year, Make, Model and license number</i>
<b>IDENTIFICATION:</b>	<i>Type of ID that you provided (i.e. Health card, Drivers License) Do not put information from ID on the form.</i>
<b>DEPLOYMENT LIMITATIONS:</b>	<i>Do you have any limitations (medical, etc.) that could affect your deployment?</i>
<b>Emergency Contact:</b>	<i>Name of person and phone number to contact should the need arise. (NOTE: DO NOT PROVIDE AS EMERGENCY CONTACT, THE NAME OF ANYONE WHO IS DEPLOYED WITH YOU)</i>
<b>HOME ADDRESS:</b>	<i>Your home address</i>
<b>WHAT EQUIPMENT DID YOU BRING?</b>	<i>MODEL / SER # / MARKINGS? /PERSONAL or GROUP owned? (You may want to keep a copy of this list to ensure you bring everything back with you)</i>

**Make 3 Copies:**

- 1** – Deploying Group EC
- 2** – Receiving Group [Ops MGR] - EC
- 3** – Radio Operator – on person at ALL times.