



KB2BWV/R 443.525 +5000Khz PL Tone: 114.8 Hz East Meadow, NY  
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### **Request for Nassau County ARES Services**

Nassau County ARES is comprised of a highly experienced *team* of FCC licensed amateur radio operators with specialized EMCOMM training, certifications and equipment who respond to emergency activations and large public events to provide swift, reliable communications and to enhance the safety of the general public. During disaster responses, we augment and deploy emergency communications networks for County, State and Federal agencies, the Red Cross, disaster shelters and fire battalions.

FCC rules prohibit Amateur Radio communications from being used to directly benefit charitable organization's fundraising efforts. As such, our team members cannot participate in requests for other forms of volunteer assistance, including event set up, parking management, material handling, chauffeuring or any other function unrelated to an ARES technical mission. To do so would also impede our ability to function as a network during your event.

We are pleased to consider your request for an ARES team deployment and will respond to you shortly.

***Thank you for this opportunity to be of service!***

Email: [info@NassauAres.net](mailto:info@NassauAres.net)

Web: [www.NassauAres.net](http://www.NassauAres.net)

### **Nassau County ARES Public Service Examples**



#### ***Emergency Activations***

- 2011 WTC 9/11 attack
- 2003 East Coast power blackout
- 2011 Storm Irene
- 2012 Hurricane Sandy

#### ***Public Service Responses***

- Marathons, Charity Walkathons
- Parades, Bike Tours
- Air Shows, Races
- Disaster Drills

## Request for Nassau County ARES Services

Event Name: \_\_\_\_\_

Your Agency: \_\_\_\_\_

Event Purpose: \_\_\_\_\_

Your Objective for ARES: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Hours of Operation: \_\_\_\_\_ Rain Date \_\_\_\_\_

Location for Event: \_\_\_\_\_

# of participants from your Agency: \_\_\_\_\_ # of anticipated Spectators: \_\_\_\_\_

**Describe any Police, Fire, EMT and County coordination Plan:** *(use separate page)*

# ARES members Requested in Mobiles: \_\_\_\_\_ # ARES members Requested at Fixed locations: \_\_\_\_\_

**Dates for delivery** of Course Map: \_\_\_\_\_ Parking Passes: \_\_\_\_\_ Event ID Badges: \_\_\_\_\_

### Contact Information

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

### Please list Alternate Contact for this Event

Name: \_\_\_\_\_ Title: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please return this completed form to [info@NassaAres.net](mailto:info@NassaAres.net) or fax to 516-368-3735

On letterhead, please provide any other information or contacts that you feel might be helpful in further defining your needs for an ARES team so that we may better understand your requirements and prepare accordingly. *Thank you!*

