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| APPLICATION FOR EVENT COMMUNICaTIONS  | {Insert ARES group name here} |

To be completed by ARES personnel with event planning staff

Form based on original prepared by Donald 0. Shurtleff, WB0DVS

**Thank you for choosing ARES to assist you with your event.**

According to the Federal Communications Commission (FCC), a primary mission of the Amateur Radio Emergency Service is to "provide a pool of trained radio communicators." One of the ways we train is by supporting public events. These deployments give us valuable opportunities to test our skills, our equipment, and our ability to function in challenging environments.

Our ARES communications team leaders prepare a detailed deployment plan for your event. This deployment plan is critical for several reasons:

• It is important that your event planner and our communications team leaders understand exactly what services the ham radio operators can and cannot provide at your event.

• Our technicians may visit your event site(s) in advance of the event to determine what equipment and number of operators that will be needed to provide the service you desire. Consequently, we will need maps showing where you and your organization would like to have radio communications capability.

• We need to know what type of communications you will need... such as printed messages, voice messages, data transmissions, GPS tracking, and shadow operator service for your person in charge.

• We need to know how to connect with your various officials... such as medical personnel, checkpoint managers, and others.

**THINGS TO KEEP IN MIND ABOUT OUR SERVICES**

 **MESSAGE CONTENT:**

One of our main missions at any event is to send and receive messages on behalf of event officials and to keep those officials in touch with each other. Hams communicate only, we do not generate content, we communicate only what and when the event officials direct us to do so.

We have found from past experience it is counterproductive to have the ham radio operator at a checkpoint to also be tasked with actually keeping track of each participant that passes through the checkpoint. By having the ham radio operator keep track of each participant AND send the radio messages results in neither job getting done.

Ham Radio is not a secure form of communication. For that reason, event officials need to keep in mind anyone can listen to radio traffic using cheap scanners.

Event "Medical Providers" are particularly concerned with compliance with the provisions of the Health Insurance Portability and Accountability Act.

**VOLUNTARY SERVICE:**

Members of this ARES group serve voluntarily, without compensation, utilizing personal communications equipment to provide a public service. The ARES group completing this application will provide services as a good-faith effort to the best of its ability based on the availability of licensed operators, modes of operation and equipment. The individual safety of operators is paramount and will dictate the method of operation as well as the refusal to operate under unsafe conditions. All services requested in this application are subject to these limitations.

**HAM RADIO IS NOT A SECURE FORM OF COMMUNICATION**

**The Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

HIPAA laws do not apply to amateur radio. They do apply to some of the agencies and organizations that we serve.

An agency or organization we serve can direct an amateur radio operator to send a message that contains information deemed private under HIPAA regulations.

**It is our policy to advise or warn message originators that amateur radio is NOT a form of secure communication.** When transmitting information about injured participants in an event, we recommend using "participant numbers" such as bib numbers in place of names.

There are certain circumstances where the use of private information is allowed. The Code of Federal Regulations covers those circumstances:

**45 CFR 164.512**

§164.512 Uses and disclosures for which an authorization or opportunity to agree or object is not required.

1. ***Standard: Uses and disclosures to avert a serious threat to health or safety***
	1. ***Permitted disclosures.*** A covered entity may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure:

(i)

* + 1. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and

**(8)** Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or

(ii) Is necessary for law enforcement authorities to identify or apprehend an individual.

**To facilitate the creation of the deployment plan, the following questionnaire is to be completed by ARES planners to gather the necessary information. The planners can con­ tact you by phone or meet with you in person.**

**We are providing a copy of the questionnaire to event organizers so they will know the types of things we will be asking.**

An article regarding deployment planning is attached.

ARES Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization hosting event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address location of event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person in charge of event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone of person in charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone of person in charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of person in charge of event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of person in charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event for profit or not for profit **(CIRCLE ONE)** **PROFIT NON PROFIT**

Open to public **(CIRCLE ONE)** **YES NO**

Other Events you have hosted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Schedule**

Date 1 of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time 1 start time \_\_\_\_\_\_\_\_\_\_\_\_\_\_Time 1 end time \_\_\_\_\_\_\_\_\_\_\_\_\_

Date 2 of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time 2 start time \_\_\_\_\_\_\_\_\_\_\_\_\_\_Time 2 end time \_\_\_\_\_\_\_\_\_\_\_\_\_

Date 3 of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time 3 start time \_\_\_\_\_\_\_\_\_\_\_\_\_\_Time 3 end time \_\_\_\_\_\_\_\_\_\_\_\_\_

Date 4 of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time 4 start time \_\_\_\_\_\_\_\_\_\_\_\_\_\_Time 4 end time \_\_\_\_\_\_\_\_\_\_\_\_\_

Date 5 of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time 5 start time \_\_\_\_\_\_\_\_\_\_\_\_\_\_Time 5 end time \_\_\_\_\_\_\_\_\_\_\_\_\_

Date 6 of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time 6 start time \_\_\_\_\_\_\_\_\_\_\_\_\_\_Time 6 end time \_\_\_\_\_\_\_\_\_\_\_\_\_

Date 7 of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time 7 start time \_\_\_\_\_\_\_\_\_\_\_\_\_\_Time 7 end time\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional date and timing notes:**

**Insurance Coverage carried by event organizer**

LIABILITY \_\_\_\_\_ MEDICAL \_\_\_\_\_ UMBRELLA \_\_\_\_\_

SELF INSURED \_\_\_\_\_ OTHER \_\_\_\_\_ NONE \_\_\_\_\_ **Check all that Apply**

**Insurance Company/Agent**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior to the event, please supply a "Certificate of Insurance" naming “{insert ARES group}” as "additional insured"

**Medical staffing**

**911** \_\_\_\_\_

 **PARAMEDIC/AMBULANCE SVC**. \_\_\_\_\_ Name of service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_ Name of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER** \_\_\_\_\_ Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all that apply**

(Your plans for providing emergency medical service at the event)

**Method of contacting Medical during event** (Check all that apply)

Cell Phone \_\_\_\_\_ Radio \_\_\_\_\_ Landline \_\_\_\_\_\_ Face to face \_\_\_\_\_ Other \_\_\_\_\_

Number to call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On Scene Medical Services** (Check all that apply)

Single location \_\_\_\_\_ Checkpoints \_\_\_\_\_ Roving \_\_\_\_\_ Other\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Communications Services Requested** (Check all that apply)

\_\_\_\_\_ Emergency Standby Link to 911

\_\_\_\_\_ Link Checkpoints to Main Event Location

\_\_\_\_\_ Message Service from Checkpoints to Main Event Location

\_\_\_\_\_ Shadow Service Radio Operator with Event Official

\_\_\_\_\_ GPS Tracking of Participants

\_\_\_\_\_ Radio Link to Public Address System

\_\_\_\_\_ Link Multiple Event Sites

\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Stations Desired**

For Example:

 8 checkpoints, 2 medical stations, 3 roving units, 2 shadow operators, 1 finish line

Please provide maps, diagrams, or any other info to pinpoint station locations

FRS RADIOS \_\_\_\_\_

GMRS RADIOS \_\_\_\_\_

MURS RADIOS \_\_\_\_\_\_

CB RADIOS \_\_\_\_\_\_

BUSINESS BAND RADIOS \_\_\_\_\_

PUBLIC SAFETY RADIOS \_\_\_\_\_

CELL PHONES \_\_\_\_\_\_

OTHER \_\_\_\_\_ (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other Communications Equipment on Scene**

 **(CHECK ALL THAT APPLY)**

**Facilities Available on Scene (Check all that apply)**

FOOD \_\_\_\_\_\_\_\_\_\_ WATER\_\_\_\_\_\_\_\_\_\_\_ TOILETS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Threat Assessment**

Describe nature of major threats expected to affect event (trauma to participants due to nature of event, such as falls, fractures, environmental hazards, etc.)

**Questions/Concerns**

Describe any other special needs you may have or concerns you may have about amateur radio.

**APPLICATION PREPARED BY:** (NOTE: This is an assessment tool based on event supplied information and not a binding agreement to provide services. Signatures indicate only provision of best available information and is subject to acceptance of the assignment by the {insert ARES group}.)

**{Insert ARES Group} Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_**

**Event Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_**