## **MUTUAL AID INTAKE FORM**

To be collected by mutual aid requesting organization. This information is to be kept confidential.

(Please Print)

Name				
Callsign				
Group Affiliation				
Vehicle/Plate#				
Identification				
Deployment Limitations				
Emergency Contact			Phone:	
Home Address				
Fauinment/Coor	Model		Carial Number	
Equipment/Gear	Model	5	Serial Number	
Remarks				
II.				

This document will be destroyed by the receiving ARES group after the Amateur has finished their deployment.

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.)

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

Make 3 Copies: 1 – Deploying Group

2 - Receiving Group

3 – Member

Form: DMAP-04 Dated 02 Aug 2010