

Volunteer Monitor Application

Call Sign: _____ License Class: _____ Year licensed: _____ ARRL Section: _____

First name: _____ Last name: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

e-Mail: _____

Telephone

(Day): _____

(Night): _____

(Cell): _____

Station Capabilities (check all that apply)

HF VHF UHF SHF

Phone CW Digital

Computer Skills:

Basic; use e-mail.

Advanced; Use internet search engines, use e-mail to save and send files, create and edit documents, able to download, install and use applications, digital recording.

Have you ever received a warning letter or other enforcement action from FCC? No Yes

Volunteer Monitor Application

Please explain why you wish to become a Volunteer Monitor. (Type or paste your text in the box)

E-mail this completed form to <ladams@arrl.org> and copy your Section Manager.