ARES [®] STANDARDIZED TRAINING PLAN			
ANATEUR RADIO			
	GENCY COMMUNICATOR		
INDIV	DUAL TASK BOOK		
	Task Book Assigned To:		
Name	Call:		
ARES Group:			
Phone Number:	Email:		
	Task Book Initiated By:		
ARES [®] Leader's Name: _	Call:		
Phone Number:	Email:		
Initiated Location & Date:			
Location:	Date:		
Vers	ion: 1.0.2 March 2019		

Task Book

The Task Book is a working document that enables those ARES[®] communicators electing to participate in the ARES training plan to track and document their training plan elements as they are completed towards increasing levels of proficiency. The Task Book should contain all training plan items, completion dates and sign-offs as the ARES[®] communicator transitions through the four skill levels. The ARES[®] communicator is responsible for maintaining their Task Book and having it with them during training and assignments. The Task Book also contains sections with definitions of the communicator levels; as well as common responsibilities.

Recommendations for minimum proficiencies and skills per level are listed. EC's, at their discretion, can add or substitute skills that they consider important with DEC or SEC approval. Prior known experience may be substituted for some listed tasks. It is suggested that items in the proficiency/skills section be used in training sessions or for meeting/event presentations.

NOTE: the *approving EC* must meet/exceed the qualifications for each level they are signing off on.

Skill Levels:

 ${\tt Level}~1$ - Entry level into the ARES $^{\tiny (B)}$ organization, assumes certain skills by obtaining an Amateur Radio license

Level 2 - Set of base level of validated skills desired by ARES®

Level 3 - Increased skill set validation along with candidacy to leadership positions and Away Team consideration [MAT Team]

Away Team Qualified (ARES MAT Team) – Highest level of training - Functions on 72-96 hour away assignments and is a prime candidate for Iowa ARES MAT Team requested deployment status

Responsibilities:

Responsion	
Individual	 Reviewing and understanding task book requirements Identifying desired objective/goal Satisfactorily demonstrate completion of tasks for each level Assure the evaluations are completed Maintain and keep the Task book up to date Make Task book available during assignments Responsible for submitting completed Task Book to Section Management
Evaluator	 Be knowledgeable and proficient in the tasks being evaluated and approved Meeting with Communicator and evaluating past experiences, current qualifications and desired objectives/goals Reviewing tasks with Communicator Documenting completion of tasks with Task Book sign off's

- Documenting completion of tasks with Task Book sign off's
- Completing the sign off, comments and qualifying

Section

• Responsible for maintaining database for ARES[®] participants in Training Plan

Common Responsibilities (for Activations)

It is the responsibility of each ARES® communicator to be prepared with the proper dress, equipment, knowledge and demeanor to support the assigned task. If you are unable to perform, or uncomfortable with your assignment let, your Team Leader or requesting agency know so that you may be assigned appropriately.

At Staging

- Complete and turn in input forms and check in at Staging Area
- □ Obtain briefing from Agency Lead or Resource Team Leader regarding incident/event
- □ Receive Job assignment, reporting location and travel instructions
- □ Verify equipment needed for assignment
- □ Obtain Frequency Plan (ICS Form 205)
- □ Assess personal readiness for incident and climate (physical, clothing, medications, money, equipment guides, etc.)
- □ Maintain a check list of your equipment and personal "Go-Kit"
- □ Inform others as to where you are going and how to contact you
- □ Review your Operations and Procedures Notebook/Documentation

At Assignment

- □ Check in with the on-site leader or served agency official
- □ Check in with Net Control to inform you are on site
- Determine location to set up equipment
- □ Set up your equipment with safety in mind
- Establish radio contact with net control per frequency plan
- Prepare and maintain reports and forms for your task
- □ Use clear text and ICS terminology in all radio communications (no codes)
- □ Be mindful of HIPPA concerns
- □ Carry out assignments as directed

At end of shift or demobilization

- □ Brief relief communicator on ongoing operations when relieved
- □ Retrieve all personal gear and return your area to pre-arrival condition
- □ Check out with Net Control or return to staging area
- □ Report to Staging Area for R&R, reassignment or deactivation
- □ Participate in after action activities [Hot Wash] as directed
- □ Communicators may want to maintain personal log of actions and events

Team Leader Responsibilities

- □ Review common responsibilities
- Participate in incident meetings and briefings as required
- Determine current status of unit activities
- Determine resource needs
- Order additional resources as needed
- □ Provide unit with status updates and reports
- □ Assign specific duties
- □ Maintain personnel accountability status
- □ Monitor safety and security of unit
- □ Supervise demobilization
- □ Collect and maintain all unit records and forms

Attach Copy of FEMA/NIMS ICS Course Transcript Here:

NAME:	_CALL:	LICENSE CLASS:
HOME GROUP:		DATE:

ARES [®] TRAINING LEVEL					
Level 1*					
TASK	Req/Opt	COMPLETION DATE	EC Sign Off		
Education					
IS-100.c - Introduction to Incident Command System*	R				
IS-700.b – Introduction to National Incident Management System*	R				
ARRL EC-001 Introduction to Emergency Communications**	0				
SKYWARN Spotter Basic Training (Every Two Years) O					
Comment: *Sets initial baseline requirements. Will likely be insufficient for **EC-001 Course may be revised soon. But for now, will remain					
Participation					
Join an ARES® group	R				
Comment:					
Proficiency/Skill					
Obtain Amateur Radio License	R				
Comment:					

Attach Copy of FCC Amateur Radio License Here:

Level 1 Completion Record			
The listed tasks for the Level 1 having been completed, dated and initialed indicate successful completion of all the tasks required of the ARES [®] Communicator for the Level 1.			
The individual is recommended as certified for Level 1.			
Date:EC			
Comments:			

NAME:	_CALL:	LICENSE CLASS:
HOME GROUP:		DATE:

ARES [®] TRAINING LEVEL Level 2*			
TASK	Req/Opt	COMPLETION DATE	EC or DEC Sign Off
Education			
General Class License	0		
IS-100.c - Introduction to Incident Command System*	R		
IS-200.c – Basic Incident Command System for initial Response*	R		
IS-700.b – Introduction to National Incident Mgt System*	R		
IS-800.c – National Response Framework, An Introduction*	R		
ARRL EC-001 Intro to Emergency Communications	R		
SKYWARN Spotter Basic Training (Every Two Years)	R		
Comment: *These should be considered as meeting the minimum require additional training.	ments for deployment	at an Incident. Local EMA a	uthorities may require
Participation			
Net Participation (Once per Quarter)	R		
Public Service Event Participation (Annually)	0		
Simulated Emergency Test or Exercise Participation	0		
Serve as Net Control	R		
Proficiency/Skill			
Obtain Task Book	R		
Program tone into HT (Manually or by Computer)	R		
Program frequency & offset into radio (Manually or Computer)	R		
Write and send an ICS-213 message (Manually or Computer)	R		
Operate unit specific Digital VHF station with NBEMS	0		
Build a simple dipole antenna	0		
Build Powerpole adapter cable	0		
Solder PL259 connector to coax	0		
Assemble a 24-hour Kit*	R		
Comment: *The contents of a 24-hour Kit will be specified in either a sepa	rate document or as a	n Annex to this document.	
Other /Unit Specific	1	1	
Comment:			
conment.			

Level 2 Completion Record

The listed tasks for the Level **2** having been completed, dated and initialed indicate successful completion of all the tasks required of the ARES[®] Communicator for Level 2.

_____The individual is recommended as certified for Level 2. _____The individual is in need of additional training as indicated below. (Optional)

Date: ______EC or DEC _____

Comments:_____

NAME:	_CALL:	LICENSE CLASS:
HOME GROUP:		DATE:

ARES [®] TRAINING LEVEL Level 3				
TASK	Req/Opt	COMPLETION DATE	EC or DEC Sign Off	
Education				
IS-120.c – An Introduction to Exercises*	R			
IS-230.d – Fundamentals of Emergency Management*	R			
IS-235.c – Emergency Planning*	R			
IS-240.b – Leadership and Influence*	R			
IS-241.b – Decision Making and Problem Solving*	R			
IS-242.b – Effective Communications*	R			
IS-244.b – Developing and Managing Volunteers*	R			
IS-288.a – Role of Voluntary Organizations in Emer. Mgt*	R			
IS-775 - EOC Management and Operations *	R			
ARRL EC-016 Public Service & Emergency Com Mgt*	R			
SKYWARN Training Class (Bi-Annually) *	R			
PR-101 – Public Information Officer Training (EC-015) **	0			
AUXCOM Course*	0			
Participation Controlled Net Participation (Once per Quarter—minimum)				
	_	[
Public Service Event Participation (Annually)	R			
Simulated Emergency Test or Exercise Participation (Annual)	R			
Serve as Net Control (Once per Quarter—minimum)	R			
Comment:	R			
Leadership				
Present a training session	R			
Hold/held a leadership position in a group	R			
Hold a General Class License or higher*	0			
Participate in PIO activities (PR-101 Qualifies)	R			
Comment: *Highly recommended for those in leadership positions.				

Proficiency/Skill			
Proficient in using ICS forms	R		
Program Tone into HT (Manually or by Computer)	R		
Program frequency & offset into radio (Man or Computer)	R		
Demonstrate cross band repeat on Mobile Radio (UHF→VHF)	R		
Operate VHF Winlink station in Peer-to-peer mode*	0		
Operate HF Winlink station*	0		
	0		
omment: *Optional requirement. Depends upon local and/or state practic	es and usage, and level of	integration preser	nt with NTS.

Level 3 Completion Record
The listed tasks for the Level 3 having been dated and initialed indicate successful completion of all the tasks required of the ARES [®] Communicator for Level 3 .
The individual is recommended as certified for this Level 3. The individual is in need of additional training as indicated below. (Optional)
Date:EC or DEC
Comments:

NAME:	CALL:	LICENSE CLASS:	
HOME GROUP:		DATE:	

AWAY TEAM QUALIFIED (AWT) For ARES-MAT			
TASK	Req/Opt	COMPLETION DATE	SEC or DEC Sign Off
Education	-		
IS-300 – Intermediate ICS for Expanding Incidents*	0		
IS-400 – Advanced ICS*	0		
All Hazards Communications Unit Leader COML*	0		
ARRL EC-001 Intro to Emergency Communications*	R		
ARRL EC-016 Public Service & Emergency Com Management*	R		
Comment: *Required for ARES MAT Team Leaders.			
Participation			
Controlled Net Participation (Once per Quarter)	R		
Public Service Event Participation (Annually)	R		
Simulated Emergency Test or Exercise Participation (Bi- Annually)	R		
Comment:			
Leadership			
Present a training session	R		
Hold a General Class License or higher	R		
Comment:			
Proficiency/Skill			
-	R		
Assemble a 72/120 - hour Kit	R		
Assemble a 72/120 - hour Kit Program Tone into HT (Manually or by computer)			
Assemble a 72/120 - hour Kit Program Tone into HT (Manually or by computer) Program frequency & offset into radio	R		
Assemble a 72/120 - hour Kit Program Tone into HT (Manually or by computer) Program frequency & offset into radio Demonstrate ability to setup a Type 1 Away Team Go-Kit Demonstrate ability to setup a VHF/UHF and/or HF	R R		
Proficiency/Skill Assemble a 72/120 - hour Kit Program Tone into HT (Manually or by computer) Program frequency & offset into radio Demonstrate ability to setup a Type 1 Away Team Go-Kit Demonstrate ability to setup a VHF/UHF and/or HF operation. Operate HF Winlink station	R R R		

AWAY TEAM Qualified Level Completion Record
The listed tasks for the AWAY TEAM Qualified level having been dated and initialed indicate successful completion of all the tasks required of the ARES [®] Communicator for the AWAY TEAM level.
The individual is recommended as certified for AWAY TEAM Qualified Level . The individual is in need of additional training as indicated below. (Optional)
Date: EC
Comments:
The individual is recommended as certified for this position. The individual is in need of additional training as indicated below. (Optional)
Date: DEC
Comments:

AWAY TEAM Deployment RequestRequest for Deployment Team consideration		
NAME:	_CALL:	LICENSE CLASS:
HOME GROUP:		DATE:
Date:Signed:		
When approved, information to be sent to CCG and Section Emergency Coordinator.		

NAME:	CALL:	LICENSE CLASS:	
HOME GROUP:		DATE:	

ARES [®] SECTION/DISTRICT/UNIT SPECIFIC ALL LEVELS	C TRAINING REC	QUIREME	NTS	
TASK	R/O /H	LEVEL 1-2-3	COMPLETION DATE	EC Sign Off
Education				
Comment:				
Participation				
Comment:				
Leadership				
Comment:				
connent.				
Draficionau (Chill				
Proficiency/Skill				
Comment:				

ARES [®] SECTION/DISTRICT/UNIT	SPECIFIC TRAINING Completion Record	
The listed tasks for ARES [®] SECTION/DISTRICT/UNIT SPECIFIC TRAINING having been dated and initialed indicate successful completion of all the tasks required of the ARES [®] Communicator.		
requirements.	s completing SECTION/DISTRICT/UNIT SPECIFIC TRAINING	
Date:	SEC, DEC or EC	
Comments:		

Appendix