

South Carolina
Emergency Communicator
Volunteer Registration Form

This form is for registration in either or both services:

Amateur Radio Emergency Service (ARES) and the Radio Amateur Civil Emergency Service (RACES)

Instructions To Applicant:

Please print or type all answers to questions on both pages of this form for registration in both ARES and RACES or RACES only. Print or type all answers to questions on page 1 for application to ARES only. Sign and date on page 1 for ARES and page 3 for RACES. Submit a copy of page 1 to the local ARES County Emergency Coordinator (EC) for ARES registration. Submit all pages of the original completed application to your local county Emergency Manager for his/her approval and forwarding to the South Carolina State RACES Officer for RACES registration.

Service Selection:

Check the appropriate box(es) for registration in:

Amateur Radio Emergency Service And/Or Radio Amateur Civil Emergency Service

Volunteer Identification and Contact Information:

Name: _____
Amateur Radio Call Sign: _____ License Class: _____ Expiration Date: _____
Home Address: _____
City: _____ State: _____ Zip code: _____
County: _____
e-mail address: _____
Home Phone Number: _____ Cell Phone Number: _____
Employer: _____
Work Address: _____
City: _____ State: _____ Zip code: _____
Work Phone Number: _____
Height: _____ Weight: _____ Sex: _____

Availability (Check all that apply)

I am willing to support events:

- from my home location. in my hometown. in my home county. in surrounding counties.
 anywhere in South Carolina. in the Southeast. anywhere in the United States.
 at the State Emergency Operation Center in Columbia.

My Work Schedule is: Days _____ Shifts _____

Volunteer Owned Equipment

Base Station: HF _____ VHF _____ UHF _____ Emergency Powered? _____

Portable Station: HF _____ VHF _____ UHF _____ Emergency Powered? _____

List Field HF antennas: _____

Mobile Station: HF _____ VHF _____ UHF _____

Hand Held: VHF _____ UHF _____

Other Pertinent Information: _____

I hereby apply for registration in ARES.

Applicant's signature: _____ Date: _____

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Amateur Radio Callsign: _____

Background Investigation Information:

Social Security Number: ____ - ____ - ____ SC Drivers License Number: _____ Expiration Date: _____

Date of Birth: _____ Place of Birth: _____

Are you now in the military service? _____ Previous military service? _____

Highest Rank in military: _____ Branch of service: _____

Do you have a military emergency assignment in the event of a disaster or attack? _____

Reason for leaving military service: _____

Have you been arrested for other than a traffic violation in the last ten years? _____

If yes, explain:

Are you a US citizen? _____ If not, what country? _____

Are you handicapped? _____ If so, explain: _____

Training Completed by Applicant (Check all Completed):

- | | | |
|--------------------------|---------|-----------------------------------|
| <input type="checkbox"/> | IS-700 | NIMS, An Introduction |
| <input type="checkbox"/> | IS-800 | National Response Plan |
| <input type="checkbox"/> | ICS 100 | Introduction to ICS or equivalent |
| <input type="checkbox"/> | ICS-200 | Basic ICS or equivalent |
| <input type="checkbox"/> | ICS-300 | Intermediate ICS or equivalent |
| <input type="checkbox"/> | ICS-400 | Advanced ICS or equivalent |

References (Three Required):

Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____

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Amateur Radio Callsign: _____

Registrant Affirmation:

I hereby apply for registration in RACES and affirm that the foregoing statements are true:

Applicant's signature: _____ Date: _____

Instructions to County Emergency Manager

Evaluate the applicant for RACES participation. If you approve, endorse by signing the form. Forward the form to the State RACES Officer at:

Charles W. Miller, State RACES Officer
194 Cessna Drive
Trenton, SC 29847-3600

RACES Endorsement by County Emergency Management Office

I certify that the above named applicant has been investigated and has been cleared for loyalty, past police record, and general reputation, and the applicant is considered in all respects suitable, loyal, and has been enrolled locally for duty as a radio operator under Part 97, FCC Rules and Regulations.

Signature: _____ Date: _____

South Carolina State RACES Officer Use Only

Identification Card Issue Date: ____ / ____ / ____.

South Carolina - State RACES Officer: _____