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 enter answers to all questions on both pages of this form for registration in both ARES and RACES or RACES only. Enter answers to all 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:

Name:

Click on the appropriate box(es) for regis	stration in:	
Amateur Radio Emergency Service	And/Or	Radio Amateur Civil Emergency Service

Volunteer Identification and Contact Information:

Amateur Radio Call Sign:	License Class:	Expir	ation 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 (Click on all boxes 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. anywhere in the Southeast. anywhere in the United States. at the State Emergency Operations Center in Columbia.

Shifts

My Work Schedule is: Days

Volunteer C	Dwned Equ	iipme	nt (Click	on all boxes that apply):
Dese Oferlies				Environment Device and

Base Station:	HF	VHF	UHF	Emergency Powered
Portable Station:	HF	VHF	UHF	Emergency Powered
List Field HF Anten	nas:			
Mobile Station:	HF	VHF	UHF	
Hand Held:		VHF	UHF	
Other Pertinent Information: I hereby apply for registration in ARES.				

Applicants signature:___

Date:

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Amateur Radio Call Sign:

Background Investigation Information:

Social Security #:	SC Drivers License #:		Expiration Date:
Date of Birth:	Place of Birth:		
Are you now in the milita	ry service?	Previous military servic	e?
Highest Rank in military:	n military: Branch of service		ce:
Do you have a military emergency assignment in the event of a disaster or attack?			saster 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 (Click on boxes for all completed):

IS-700	NIMS, An Introduction
IS-800	National Response Plan
ICS-100	Introduction to ICS or equivalent
ICS-200	Basic ICS or equivalent
ICS-300	Intermediate ICS or equivalent
ICS-400	Advanced ICS or equivalent

References (Three Required):

Name:		
Home Address:		
City:	State:	Zip Code:
Name:		
Home Address:		
City:	State:	Zip Code:
Name:		
Home Address:		
City:	State:	Zip Code:

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Amateur Radio Call Sign:	
Registrant Affirmation: I hereby apply for registration in RACES and affirm that the foregoing sttem	ents are true.
Applicants signature:	Date:
Instructions to County Emergency Manager: Evaluate the applicant for RACES participation. If you approve, endorse by the form to the State RACES Officer at:	signing the form. Forward
Charles W. Miller, State RACES Officer 194 Cessna Drive Trenton, SC 29847-3600	
RACES Endorsement by County Emergency Management Of I certify that the above named applicant has been investigated and has been police record, and general reputation, and the applicant is considered in all and has been enrolled locally for duty as a radio operator under Part 97, FC	n cleared for loyalty, past respects suitable, loyal,
Signature:	Date:
South Carolina State RACES Officer Use Only Identification Card Issue Date://	

South Carolina - State RACES Officer: _____