

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: \_\_\_\_\_