

# South Carolina Emergency Communicator Volunteer Registration Form

This form is for registration for the Amateur Radio Emergency Service (ARES) service.

## Instructions to Applicant:

Please print or type all answers to all questions on this form. Sign and date the form. Submit a copy to the local ARES County Emergency Coordinator (EC) for ARES registration.

## Volunteer Identification and Contact Information:

Name: \_\_\_\_\_  
 Amateur Radio Call Sign: \_\_\_\_\_ License Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_  
 eMail Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

## Availability (Check all that apply):

I am willing to support events:

<input type="checkbox"/> From my home location	<input type="checkbox"/> In my home town	<input type="checkbox"/> In my home county	<input type="checkbox"/> In surrounding counties
<input type="checkbox"/> Anywhere in South Carolina	<input type="checkbox"/> In the South East	<input type="checkbox"/> Anywhere in the United Stated	<input type="checkbox"/> At the state emergency center in Columbia

## Volunteer Owned Equipment:

Station	HF	VHF	UHF	Emergency Powered?
Base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List Field HF antennas:				
Mobil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Pertinent Information: \_\_\_\_\_  
 \_\_\_\_\_

I hereby apply for registration in ARES.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_