Amateur Radio Emergency Service®

ARES® Registration Form

Name:

Call Sign:

Mailing Address:

City, State, ZIP code:

e-mail address(es):

Home phone number:

Work phone number:

Cell phone number:

License Class:

Check bands and modes that you can operate:

<table>
<thead>
<tr>
<th>MODE</th>
<th>HF</th>
<th>6 meters</th>
<th>2 meters</th>
<th>222 MHz</th>
<th>440 MHz</th>
<th>Others</th>
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<tbody>
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<td>SSB</td>
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<td>DATA</td>
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<td>PACKET</td>
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<td>Other modes (specify below)</td>
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<td>Mobile Operation</td>
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</tbody>
</table>

Can your home station be operated without commercial power? Yes [ ] No [ ]

Signature __________________________ Date __________________________

Contact ARES® and ARRL Section Leaders in your area: http://www.arrl.org/sections/
Learn about ARRL-sponsored Amateur Radio Emergency Communications Courses: http://www.arrl.org/ces/  

FSD-98 (07/04)
ADDITIONAL INFORMATION FOR ARES REGISTRATION

1. Name & contact number for next of kin: ____________________________

2. Do you have any special needs? (i.e., diet, medication, oxygen, dialysis, etc.): ________________

3. What is your Primary Radio Interest? ____________________________

4. Are you a member of any other emergency response organizations? □ Yes □ No
   If "yes", please specify: ________________________________________

5. Are you affiliated with any Amateur Radio clubs in Osceola County? □ Yes □ No
   If "yes", please specify: ________________________________________

6. What bands can your home station operate on without commercial power? ________________

7. Are you willing to be assigned by the EC to a shelter during a disaster? □ Yes □ No

8. Are you willing to be assigned by the EC to a Special Needs shelter? □ Yes □ No

9. What type equipment will you provide during a deployment?

   Batteries and power supplies □ (Specify types: ______________________)

   Portable antenna □ (Specify type: ____________________________)

   Coaxial cable feedline □ (Specify maximum length available: ________ feet)

   Base station transceiver □ (Specify 2 m, 70 cm, or dual band: ________)

   Hand Held transceiver □ (Specify 2 m 70 cm, or dual band: ________)

   Other equipment: Packet □ APRS □ SEDAN □ FADCA □

   Other (Specify: ____________________________)

NOTE: All items must be identified by prominent labels with your last name and call!

10. I am agreeable to a background check conducted by a law enforcement agency for the sole
    purpose of establishing my eligibility as an Osceola County volunteer (Initials: ________). I agree to
    serve Osceola ARES under the direction of the Emergency Coordinator (EC) whose function is to
    direct the activities of Osceola ARES to maintain a state of readiness. I will participate whenever
    possible in Osceola ARES meetings, training sessions, nets, drills, field exercises, and special events. I
    will surrender my Osceola ARES ID badge to the EC when requested to do so.

Signature of applicant ____________________________ Date ________________

(For EC Use Only: Badge issue date: ________________ Expiration date: ________________)
Volunteer Application

Contact Information

Name
Street Address
City, State, Zip Code
Home Phone
Date of Birth
Social Security Number
Start Date

Availability
During which hours are you available for volunteer assignments?

___ Weekday mornings  ___ Weekend mornings
___ Weekday afternoons ___ Weekend afternoons
___ Weekday evenings ___ Weekend evenings

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name
Street Address
City, State, Zip Code
Home Phone

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I give full consent for the County to conduct investigative inquiries about me, including but not limited to criminal background checks. I understand that results from the investigation may disqualify me from volunteering with the County. As a volunteer, I agree to comply with all of Osceola County Board of County Commissioners’ policies and procedures, and understand that failure to do so may result in my discharge as a volunteer. I fully recognize that this application, or any information obtained through the volunteer process, may be subject to public inspection pursuant to the Florida Public Records Act.

Signature 

Date