



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:

MODE	HF	6 meters	2 meters	222 MHz	440 MHz	Others
SSB						
CW						
FM						
DATA						
PACKET						
Other modes (specify below)						
Mobile Operation						

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/cec/>

FSD-98 (07/04)

NAME: _____ CALL: _____

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
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