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: ___________________________
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):

☐ 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: ____________
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: __________________________________________