

Name: _____ Call: _____



AMATEUR RADIO EMERGENCY SERVICE REGISTRATION FORM



Address: _____

City: _____ State/Prov.: _____ Zip/PC: _____

Bus. phone: _____ Home phone: _____ County: _____

License Class: _____ Primary radio interest: _____

Check (✓) bands/modes you can operate:

| | 160 | 80 | 40 | 20 | 15 | 10 | 6 | 2 | 220 | OTHER |
|--|-----|----|----|----|----|----|---|---|-----|-------|
| CW | | | | | | | | | | |
| FM | | | | | | | | | | |
| RTTY | | | | | | | | | | |
| SSB | | | | | | | | | | |
| MOBILE | | | | | | | | | | |
| PACKET | | | | | | | | | | |
| IF OPERATING PACKET, THE CALLSIGN OF YOUR PBBS IS: _____ | | | | | | | | | | |

Can your home station operate without commercial power? Yes No

If yes what bands? _____

Signed: _____ Date: _____

Detach and send to your EC (if known) or the ARRL, 225 Main St., Newington, CT 06111.

To All Radio Amateurs:

The Amateur Radio Emergency Service (ARES) is a voluntary organization of licensed radio amateurs who have registered their capabilities and equipment for providing emergency communications as a public service to the community. The purpose of the ARES is to furnish communications in the event of natural disaster, when regular communications fail or are inadequate. Sponsored by ARRL, the ARES functions at the local level to meet local communications needs.

The ARES has a long history of public service going back to its formal inception in 1935. Since that time the ARES has responded countless times to communications emergencies.

Experience has proven that radio amateurs respond more capably in time of emergency when practice has been conducted in an organized group. There is no substitute for experience gained *before* the need arises.

The ARES in each locality operates under the direction of the Emergency Coordinator (EC), whose function is to direct the activities of the ARES to maintain a state of readiness.

To register in the ARES, send the detachable Registration Form above directly to your EC, or to ARRL Headquarters for forwarding to your EC. *League membership is not required for registration.* Registration does not require possession of any specially designed equipment. All amateurs can be of assistance to the ARES. There is provision in the ARES for *every* amateur regardless of class of license, equipment owned, or personal circumstances.

Won't you join us in providing this essential Amateur Radio service?

Richard Palm, K1CE
Field Services Manager

DISASTER SERVICE WORKER REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

| | | |
|------------------------------|---|-------------------------------------|
| ATTACH PHOTOGRAPH HERE | <i>This block to be completed ONLY by government agency or jurisdiction</i> | |
| | CLASSIFICATION: _____ | SPECIALTY: _____ |
| | AGENCY OR JURISDICTION: _____ | |
| | REGISTRATION DATE: _____ | RENEWAL DATES: _____ |
| | EXPIRATION DATE:* _____ | DSW CARD ISSUED: NO YES #: _____ |
| PROCESSED BY: _____ | | DATE: _____ TO CENTRAL FILES: _____ |

TYPE OR PRINT IN INK

(HIGHLIGHTED AREAS REQUIRED BY PROGRAM REGULATIONS)

| | | | | | | | | | | | | |
|--|--|--|-------|--|-------|--------------------------------------|---------|--|---------------------------|--|------------------------|--|
| NAME: LAST | | | FIRST | | | MI | | | SSN: | | | |
| ADDRESS: | | | | | | CITY: | | | STATE | | ZIP: | |
| COUNTY: | | | | | | HOME PHONE: | | | WORK PHONE: | | | |
| PAGER: | | | | | | E-MAIL: | | | DATE OF BIRTH: (optional) | | | |
| DRIVER LICENSE NUMBER: (if applicable) | | | | | | DRIVER LICENSE CLASSIFICATION: A B C | | | LICENSE EXPIRATION DATE: | | | |
| PROFESSIONAL LICENSE: (if applicable) | | | | | | OTHER DRIVING PRIVILEGES: | | | LICENSE EXPIRATION DATE: | | | |
| FCC LICENSE: (if applicable) | | | | | | | | | LICENSE EXPIRATION DATE: | | | |
| IN CASE OF EMERGENCY, CONTACT: | | | | | | | | | EMERGENCY PHONE: | | | |
| PHYSICAL IDENTIFICATION: | | | HAIR: | | EYES: | | HEIGHT: | | WEIGHT: (optional) | | BLOOD TYPE: (optional) | |
| COMMENTS: | | | | | | | | | | | | |

Government Code §3108-§3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the
PRINT NAME

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

DATE SIGNATURE IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH TITLE

*Registration for the active DSW volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is set at the discretion of the accredited Disaster Council but not to exceed one year. (Govt. Code §3102)