



Roane County EmComm Teams



REGISTRATION FORM

Name: _____ FCC Call Sign: _____
(LAST, First, MI) (if any)



Roane County Volunteer Emergency Communications Response Program

To All US Radio Communicators in Roane County, West Virginia:

The Roane County Amateur Radio Emergency Service®/Radio Amateur Civil Emergency Service (ARES®/RACES) Teams, AKA the Roane Emergency Communications (EmComm) Teams, are voluntary emergency communications teams of licensed radio amateurs and other radio operators who register their capabilities and equipment with the County Office of Emergency Services to provide emergency communications as a Public Service to the County. The Teams' purpose is to furnish communications skills using personal or provided equipment to assist in the event of a natural disaster, terrorist attack, power outage, or other incident when regular communications systems fail, are overloaded, or are inadequate.

Leadership: In West Virginia, the ARES® Emergency Coordinator (EC) is appointed by the ARRL Virginia Section Manager (SM) instead of the Section Emergency Coordinator (SEC). In West Virginia, the ARES® EC is also automatically appointed as the County Radio Amateur Civil Emergency Service (RACES) Radio Officer (RO). Our county teams thus operate through the dual-role ARES® EC/RACES RO under the direction of the Roane County Director, Office of Emergency Services.

Experience has proven that radio operators respond more capably in times of emergencies when they have practiced in an organized group and have been certified in certain Emergency Communications skills. There is no substitute for experience gained *before* the need arises.

Registration does not require possession of any specially designed equipment. All communicators can be of assistance to the County, regardless of class of license, equipment owned, or personal circumstances.

Public School (potential shelter) nearest to your residence: _____

License Class: _____ Primary Radio Interest: _____
(write "none" if none) (E.g., EmComm, Contesting, RDF, DX)

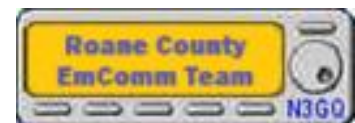
Do you have a complete deployable station, i.e. mobile rig, auxiliary power, and antenna? Yes No

Do you have 4-wheel drive capability? Yes No

Membership Status (*Reserve = Dire Emergencies Only*): ACTIVE RESERVE

Distance & travel time from your job or home to the nearest school:

_____/_____/_____
School Name | Distances from Job Home



Please check (✓) the bands and modes in which you can operate (insert **P** for portable):

Bands	160	80	40	20	15	10	6	2	220	440	1.2	Other/Remarks
DIGITAL												
PACKET												
FM												
RTTY												
SSB												
MOBILE												
CW												
CB												
MURS												
GMRS												
FRS												

IF OPERATING PACKET, THE CALLSIGN OF YOUR PBBS IS:

- Can you operate your home station without commercial power for 24 hours? Yes No
- Can you operate your home station without commercial power for 48 hours? Yes No
- Can you operate your home station without commercial power for 72 hours? Yes No
- Over 72 hours? Yes No

If yes, which bands? _____

Are you available during business or off-duty hours for any of the following?

- Drills (telephone polling only) Business Hours Off-Duty Hours
- Drills (actual mobilization) Business Hours Off-Duty Hours
- Actual Emergency Activations Business Hours Off-Duty Hours



Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies. E.g., Other FCC licenses, certificates, etc., such as Skywarn I&II ID, FEMA IS Courses, MARS, SHARES, CERT, Red Cross certifications, ARRL EmComm Courses, DHS AuxComm Course, DHS COMT and COML courses, etc. (use reverse or extra sheet for more space)

Contact Information

Name		
Street Address		
City and ZIP Code		
Home Phone		
Work Phone		
Cell Phone		
Pager		
e-Pager E-Mail Address		
Primary E-Mail Address		
Alternate E-Mail Address		
Emergency Contact Person	Name:	Relationship:
	Telephone:	Cell:

*May we release this information to other members of the **Team only** on an internal phone tree alert roster?

Yes No

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. In accepting a position as a volunteer with the Roane County EmComm Teams, I understand and accept that I am serving without compensation. Thus, I have no vested property interest as a result of this position. Further, I understand and accept that my services as a volunteer may be terminated at any time with or without cause. I agree to accept such termination if imposed. I agree to the above statements and certify I have no arrests or convictions for any felony crime or crime of moral turpitude. I give the Roane County Office of Emergency Services permission to use my Date of Birth, Social Security Number, Fingerprints, and any other relevant personal data to obtain a Background Check.

Name (printed)	
Signature	
Date	

PLEASE RETURN THIS FORM VIA EMAIL TO: Bart.N3GQ@outlook.com (RC RACES Officer) with cc: To mgilbert@roanewvema.org (Roane County Director, Office of Emergency Services) OR MAIL TO: Director Gilbert, 911 Center, 200 East Main Street, Spencer, WV 25276

Thank you for registering to help provide essential Emergency Communications!

