



Emergency Communications Registration

Frederick County, Maryland

Volunteer Information

Please see back of form for instructions

Name (Last, First)		Date	
Address:		Apt	
City:		State	
E-Mail Address:		Zip	
Occupation:		HM Phone	
Work Phone:		Cell Phone	
Date of Birth:		Call Sign:	
Radio License		<input type="checkbox"/> GMRS <input type="checkbox"/> Novice <input type="checkbox"/> Tech <input type="checkbox"/> Gen <input type="checkbox"/> Adv <input type="checkbox"/> Extra <input type="checkbox"/> VE	
Equipment Capability	Portable	<input type="checkbox"/> VHF <input type="checkbox"/> UHF <input type="checkbox"/> HF <input type="checkbox"/> GMRS <input type="checkbox"/> FRS <input type="checkbox"/> Digital <input type="checkbox"/> MURS <input type="checkbox"/> CB	
	Base	<input type="checkbox"/> VHF <input type="checkbox"/> UHF <input type="checkbox"/> HF <input type="checkbox"/> GMRS <input type="checkbox"/> FRS <input type="checkbox"/> Digital <input type="checkbox"/> MURS <input type="checkbox"/> CB	
	Mobile	<input type="checkbox"/> VHF <input type="checkbox"/> UHF <input type="checkbox"/> HF <input type="checkbox"/> GMRS <input type="checkbox"/> FRS <input type="checkbox"/> Digital <input type="checkbox"/> MURS <input type="checkbox"/> CB	

OPTIONAL EMERGENCY INFORMATION:

In case of emergency notify:

Name: _____ Relationship: _____

Phone Numbers: _____

Health Insurance Carrier: _____

Allergies or physical limitations to be considered?
 No
 Yes

If so, What? _____

Preferences for deployment? _____

FIRST AID AND HEALTH CARE TRAINING

First Aid Training:
 First Aid
 CPR
 1st Responder
 EMT-B
 EMT-P

Professional Health or Mental Health Care Provider? If so, enter Title: _____

Training / Certifications:

<input type="checkbox"/> ARRL Emergency Communications Level I	<input type="checkbox"/> ICS 700 NIMS Awareness
<input type="checkbox"/> ARRL Emergency Communications Level II	<input type="checkbox"/> ICS 100 Operations
<input type="checkbox"/> ARRL Emergency Communications Level III	<input type="checkbox"/> ICS 200 Supervisor
<input type="checkbox"/> NWS Sky Warn (Spotter ID _____)	<input type="checkbox"/> ICS 300 Command
<input type="checkbox"/>	<input type="checkbox"/> ICS 800 National Incident Response Plan
<input type="checkbox"/>	<input type="checkbox"/> Citizens' Emerg. Readiness Tng. (CERT)

Comments: _____

ARES
 MARS
 NEARS
 RACES*
 REACT
 SATERN
 So. BEARS

Return to the Frederick County Office of Emergency Management

** please attach a copy of your radio license and driver's license or government ID*

340 Montevue Lane, Frederick MD 21702

Privacy Act Statement. In compliance with the Privacy act of 1974, the following information is provided: The only purposes of gathering information using this form is to provide Frederick County's Office of Emergency Management a means to identify individuals and deploy them to incident sites in accordance with their preferences or their capabilities to meet requirements consistent with conditions at incident sites. Only information needed to identify a volunteer is provided to any agency or site other than the Office of Emergency Management, except that a copy of the application form will be provided to the ARES EC for Frederick County if the submitter indicates ARES registration on the form..

Instructions for Volunteers

- 1. This is both a registration form for ARES, RACES, and/or NEARS, and an information form to record a volunteer's capabilities, affiliations, and preferences for use in emergency planning, training, and responding.**
- 2. To register as a member of RACES and/or NEARS, please attach a copy of the submitter's FCC radio license and a copy of the submitter's driver's license or other government-issued photo ID if not a licensed driver. To register as a member of ARES, check the ARES box at the bottom of the form and a copy will be provided to the ARRL Emergency Coordinator for Frederick County; licenses and IDs will not be copied or forwarded.**
- 3. Optional Emergency Information, if provided it, will help to make decisions that might be needed concerning a volunteer's health and welfare or deployment during an emergency. A volunteer may choose to limit deployment or to be available for any assignment; it is helpful for managers know ahead of time.**
- 4. Use the Comments section to record relevant additional training , experience, or other information that could help determine effective placement.**
- 5. Check ARES, RACES, and/or NEARS to apply for affiliation with any of those organizations.**
- 6. Check REACT, SATERN, and/or SoBEARS if affiliated with any of those organizations.**
- 7. Mail to RACES RADIO, 340 Montevue Lane, Frederick MD 21702**

Instructions for the Office of Emergency Management

- 1. Notify the RACES RO of any RACES or NEARS forms submitted.**
- 2. If a form is also checked for ARES, make a copy of the form and mail or FAX it to the ARES EC.**
- 3. File RACES and NEARS registration forms with attached licenses/IDs.**