



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/cce/>

FSD-98 (07/04)

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:		
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)