ARES REGISTRATION APPLICATION DENTON COUNTY AMATEUR RADIO EMERGENCY SERVICE

NAME:			CALL:	CLASS:	
(Last) ADDRESS:	(First)	(Middle)			
CITY:	ST:	ZIP:	HOME PH: ()	
CELL PH: ()	CELL PHOI	NE PROVIDER:			
E-Mail ADDRESS (ALL CAPS):					
Initial here to authorize t	the use of paging	via text messaging] .		
Amateur Radio Emergency Service emergency communications duty Membership in DCARA or ARRL is natural or technological disaster, I This organization operates under	as a public service NOT required for local emergency, of the FCC rules and	e to Denton County registration. The p or when regular con I regulations, at the	or and surrounding areas. ourpose of ARES is to furn mmunications are inaded direction of the Denton	nish communicatio quate. County ARES Eme	ons in the event of a ergency
Coordinator (EC) and the Denton the EC or EMC, under the guidelin Radio Amateur Civil Emergency Se	County Emergenc nes of the Amateur	cy Management Coo r Radio Emergency	ordinator (EMC), and will v Service (ARES) or under	l operate, as detern r the FCC regulatio	mined by ons of the
Minimum training requirementraining every two years. Appl A passport style photo is requ	licants have one ired for a badge	e year to complet e.	te the training.	·	•
By signing below, the applicant ag	rees to abide by I	rules of Denton Co	unty ARES and the rules	and regulations of	f the FCC.
SIGNATURE		[DATE		
*********					<*************************************
<u>CRIMIN</u>	AL HISTOR	<u>Y AUTHORIZ</u>	ZATION FOR VO	<u>)LUNTEERS</u>	
Every potential A.R.E.S. volunteer criminal background check. This obe used solely to determine eligib	criminal backgrou	nd check will be pe			
By completing and signing of this background check, and to provide Emergency Service as "passed" or	the results of this				
Details of the background che Fire Marshal's Office.	ck are confiden	tial and not avail	lable to anyone outsid	le of the Denton	County
I acknowledge that Denton Count criminal background check may di	y Amateur Radio I isqualify me to se	Emergency Service rve as a volunteer i	policy states that failure in some ARES assignmer	: to complete or pa nts.	ass the
Please complete the additi	onal informat	ion and sign be	elow to authorize ba	ackground che	eck.
Have you ever been convic	ted of a crimi	nal offense? N	No Yes		
DATE OF BIRTH:	DF	RIVER'S LICENS	SE:	_SEX: MALE	FEMALE
I hereby authorize the Dentor	າ County Fire Ma	arshal's office to	conduct a criminal his	story record che	ck:
SIGNATURE			DATE		_
For Official Use Only	·				
Picture		CH Clear?		ge Database	