



**Auxiliary Communications (AUXCOMM)**  
Volunteer Registration  
Sussex County, Delaware

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Optional)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

FCC License: FRN Number: \_\_\_\_\_

Call Sign: \_\_\_\_\_ License Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Level of Operation:**

- Active -- *FCC License and available to respond for AuxComm activation & exercises*
- Affiliate -- *FCC License with limited availability to respond*
- Associate -- *No FCC license, but available to assist*

**CERTIFICATES, LICENSES, and SPECIAL SKILLS:**

FEMA Incident Management Training :  IS-100  IS-200  IS-700  IS-800

Other EmComm Courses  ARRL #67044  ARRL #68230  SKYWARN

List Special Skills and Abilities (other than radio, i.e. teacher, computer, clerical, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Public Service Experience:

\_\_\_\_\_  
\_\_\_\_\_

Area of Interest: (describe the area where you are most interested in participating)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Radio Equipment & Communication Capabilities**

Does your home station have emergency power?  Yes  No

What:  Generator  Battery  Solar

Do you have internet access at your station?  Yes  No

Home station operational on:

HF \_\_\_\_ SSB \_\_\_\_ CW \_\_\_\_ RTTY \_\_\_\_ HF \_\_\_\_\_  
Digital Modes? \_\_\_\_\_ Antenna(s) Height (ft.) \_\_\_\_\_

VHF  UHF Digital Modes? \_\_\_\_\_ Antenna(s) Height (ft.) \_\_\_\_\_

Mobile Operational on:

HF Bands \_\_\_\_\_ Modes \_\_\_\_\_

VHF Bands \_\_\_\_\_ Modes \_\_\_\_\_

UHF Bands \_\_\_\_\_ Modes \_\_\_\_\_

Four Wheel Drive Vehicle?

Do you have a personal "Go Kit" (if yes describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have equipment for portable operation? (If yes describe)

\_\_\_\_\_  
\_\_\_\_\_

The Sussex County Delaware AUXCOMM group and Sussex County RACES do not, and shall not, discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

I understand that in any emergency I will not self-deploy, but will wait for direction to be issued by the Sussex County AUXCOMM Leader or his/her designated agent. In addition, I understand that this registration also applies to Radio Amateur Civil Emergency Service (RACES).

Signature \_\_\_\_\_ Date \_\_\_\_\_