

HEBER OVERGAARD SEARCH AND RESCUE MEMBER INTAKE FORM

1. PERSONAL INFORMATION

Date of Application: _____ Division(s) Interested In: _____
Full Legal Name: _____
Preferred Name / Call Sign: _____
Date of Birth (MM/DD/YYYY): _____ Age: _____
Driver's License # / State: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Occupation/Employer: _____
Primary Phone: _____ Secondary Phone: _____
Email Address: _____

2. EMERGENCY CONTACT

Name: _____ Relationship: _____
Primary Phone: _____ Secondary Phone: _____

3. PHYSICAL DESCRIPTION / MEDICAL INFO

Height (ft/in): _____ Weight (lbs): _____ Blood Type: _____
Eye Color: _____ Hair Color: _____ Corrective Lenses (Y/N/type): _____
Allergies: _____

Medical Conditions (relevant to SAR): _____

Current Medications (optional): _____

Physical limitations or restrictions: _____

4. AVAILABILITY & COMMITMENT

Typical Availability (days/times): _____
Willing to respond to (local / county / region): _____
Estimated Response Time from H-O area (minutes): _____

5. SKILLS & EXPERIENCE

Previous SAR / Fire / EMS / LE / Military experience: _____

Outdoor Experience (hiking, horseback, off-road, etc.): _____

6. CERTIFICATIONS & TRAININGS

Include ICS/NIMS, First Aid/CPR, WFA/WFR, EMT, NASAR SARTECH, Rope/Technical Rescue, Mounted/K9, Off-road, Communications, etc.

KA-R1

7. BACKGROUND & CONSENT

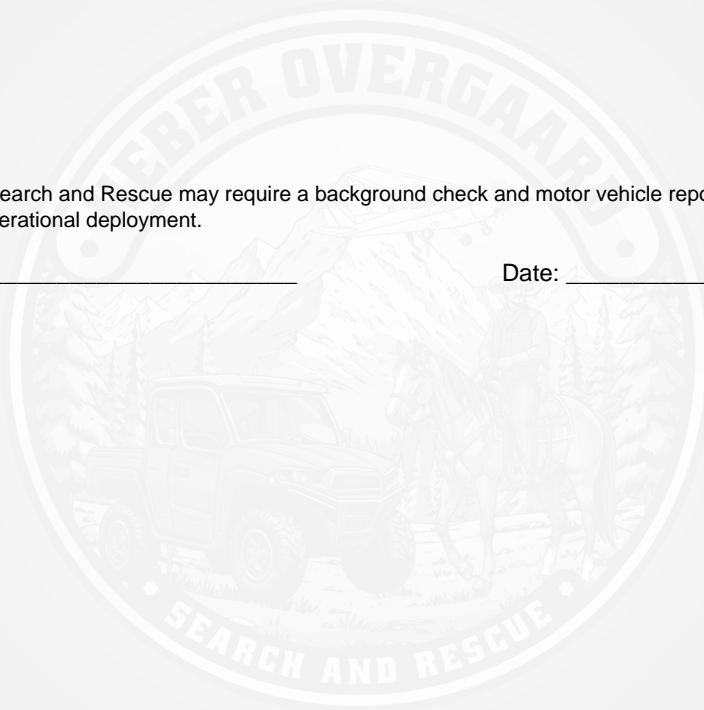
Have you ever been convicted of disqualifying offenses? (Y/N):

If yes, please explain:

I understand that Heber Overgaard Search and Rescue may require a background check and motor vehicle report as a condition of membership and operational deployment.

Applicant Signature: _____

Date: _____



AIR, MOUNTED, GROUND