

Aroostook Search and Rescue Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential. If your application is accepted you will receive a welcome letter via email explaining what we do with contact information. If you have any questions regarding this application or working with our unit you can contact any of us.

Thank you for your interest in our organization.

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Current Employer:	Position:	
Any special talents or skills	you have that you fee	l would benefit our organization?
Responsibilities:		
I can attend 8 out of I understand I am re I understand I am jo	one of the acceptable point of the acceptable point in 12 trainings a year. It is sponsible for my personal point in 15 point	onal equipment.
☐ I am 18 years old or	older.	
Any physical limitations?		
Emergency contact name 8	ι phone:	
for any accident, injury or hea	t I will be volunteering at and affiliates, cannot assu alth problem which may a I agree that all the work	my own risk and that the me any responsibility for any liability arise from any volunteer work I I do is on a volunteer basis and I am
Signature:	D	ate:
Submit Application on: I	https://aroostooksa	r.org/volunteer-application

Form Revision: 2025v2