



Soaring Above to Rescue Lives Below

Pilot's Name

Pilot Certificate No.

Date of Birth

Phone

Email Address

Street Address

City

State

Zip

Make, Model and Tail Number of Aircraft:(1st aircraft)

Make, Model, and Tail Number of Aircraft:(2nd aircraft)

Make, Model, and Tail Number of Aircraft:(3rd aircraft)

What is your availability

How much lead time do you prefer?

How do you prefer to be contacted?

- ☐ text
- ☐ call
- ☐ email

Insurance in good standing

☐ yes

☐ no

Any criminal convictions?

☐ yes

☐ no

Are you willing to undergo a background check at your expense? (\$35.00)

☐ yes

☐ no

Email form to wings@thelifeguardgroup.org or print
and send to

The LifeGuard Group
1515 Fairview Avenue
Suite 210
Missoula, MT 59801