



MOUNTAIN VIEW SEARCH & RESCUE

Membership Application

Applicant Information

Full Name: _____ Application Date: _____
Last First M.I. yy mm dd

Address: _____
Street Address and PO Box Legal Land Description or Emergency (911) Address

Town/City Province Postal Code

Date of Birth: _____ Male Female Driver's Lic. Number: _____ Class: _____
yy mm dd

() () ()
Phone (Home) Phone (Work) Phone (Cell)

Email Address: _____

Place of Work: _____

Emergency Contact: _____ () _____
Name Contact Number Relationship

Medical Conditions: _____
List any that could affect you during searches/training – include medications

Training & Equipment Proficiency

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Map & Compass | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> GPS | <input type="checkbox"/> ATV/Quad |
| <input type="checkbox"/> First Aid/CPR Expires: _____ | <input type="checkbox"/> Boat |
| <input type="checkbox"/> Cross-Country Ski | <input type="checkbox"/> Snowmobile |
| <input type="checkbox"/> Snowshoe | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> H2S Alive Expires: _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Scuba Level: _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Horses | <input type="checkbox"/> Other _____ |

I have the following certifications/skills that I would be willing to share with other members:

Member Understanding and Code of Ethics

I understand that participation in Search and Rescue is voluntary and that there is a degree of risk. I will take reasonable precautions to ensure the safety and well-being of myself and others. I will abide by the bylaws, policies and procedures of the organization. MSAR operates in a culture of courtesy and respect for each other and for the clients we serve. Behavior outside these guidelines will not be tolerated. I agree that if my participation with MSAR is found to be unsatisfactory for any reason, my membership will be terminated.

Date: _____

Signature: _____