



Rocky Mountain House
Volunteer Search & Rescue Society

APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY

Name (Given): _____ Middle: _____ Surname: _____

Date of Birth (y/m/d): _____ Male: Female:

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Phone (Home): _____ Phone (Work): _____ Cell: _____

Email: _____ Driver's License #: _____ Class: _____

Reference/or Sponsor (Sponsors are Members in good standing of Rocky SAR and must have know applicant for one year)

Name & Phone Number: _____

Name & Phone Number: _____

TRAINING (Please check only boxes for training completed) (Copies of certificates are required)

SAR Fundamentals	<input type="checkbox"/>	Air Observer	<input type="checkbox"/>
Mantracking	<input type="checkbox"/>	Lost In The Woods	<input type="checkbox"/>
Ice Rescue	<input type="checkbox"/>	CISM	<input type="checkbox"/>
Standard First Aid	<input type="checkbox"/>	CPR	<input type="checkbox"/>
		Search Manager	<input type="checkbox"/>

Advanced Medical (Specify) _____

Other Training (Specify) _____

I hereby consent to and authorize Rocky Mountain House Volunteer Search and Rescue Society to undertake a criminal record check with any police agency, to determine my eligibility to be involved in Search and Rescue **at any time**. In accordance with Rocky Mountain House Volunteer Search and Rescue Society bylaws and policies.

I also consent to the gathering of this personal information by Rocky Mountain House Volunteer Search and Rescue Society and understand that it will be distributed in the form of call out lists and resource lists.

Signature

Year/Month/Day