

PEMIGEWASSET SEARCH & RESCUE TEAM
ACTIVE MEMBER APPLICATION

Applicant Name: _____ **Date Submitted:** _____

(First - Middle - Last)

DOB: _____ Age: _____ SS#: _____

Mailing Address: _____

Physical Address: _____

Phone: (H) _____ (W) _____ (Cell/Pager) _____

E-Mail: _____ Do you check regularly: YES NO

Emergency Contact:

Name: _____ Relation: _____

Address _____

Phone: (H) _____ (W) _____ (Cell) _____

1. Do you have a valid driver's License? YES NO License # : _____

2. Do you have any previous search & rescue experience? YES NO
If yes, describe: _____

3. Are you an experienced hiker? YES NO Years of experience: _____

4. Are you an experienced climber? YES NO Years of experience: _____

5. Are you an experienced ice climber? YES NO Years of experience: _____

6. Are you an experienced winter hiker? YES NO Years of experience: _____

7. Can you attend search & rescue field operations during daytime working hours? YES NO

8. Do you have emergency medical training? YES NO Certification: _____

9. Do you have a valid CPR certificate? YES NO Type: _____

10. Are you physically capable to actively participate in search & rescue operations? YES NO
Date of last physical: _____ Physician: _____

List Any Limitations:

11. List any emergency services that you are currently affiliated with:

12. List any skills that may be of interest to PVSART.

13. Have you ever been convicted of a criminal offence? YES NO

If yes, briefly state the particulars: _____

14. Do you grant permission for a criminal and driving record check to be completed? YES NO

15. **Character References:**

Name	Address	Phone
_____	_____	_____
_____	_____	_____

16. **Clothing Information:** Jacket: _____ Waist size: _____ Inseam: _____
Shoe size: _____ Shirt Size: _____ Neck: _____ Sleeve: _____ Tee Shirt: _____

I acknowledge receipt of the PVSART By-Laws and Standard Operating Guidelines and that I have read and understand them and that I agree to be governed by them as it relates to PVSART. I certify that the above is information accurate. I recognize that if I knowingly provided misinformation that it would be grounds for immediate dismissal.

Signature Date

Please submit application with:

- Annual dues of \$10.00 (cash or check made payable to PVSART non-prorated)
- Signed PVSART Waiver of Liability, Assumption of Risk, Indemnity Agreement form

Mail to:

PVSART
P.O. Box 595
Franconia, NH 03580