

Massasauga Search and Rescue Team Membership Application

Date: _____

Name: _____ Date of Birth: _____

Address: _____ Town/City: _____

State: _____ Zip Code: _____ Home phone #: _____

Cell #: _____ Other Phone #: _____

Email address (H): _____ (W): _____

Drivers License # _____

In Case of Emergency Notify: Name: _____ Phone #: _____

Relationship: _____

Employer: _____ Job Title: _____ Address: _____

Town/City: _____ State: _____ Zip: _____ Phone #: _____

Work Hours: _____ Days: _____

Health Problems: _____

Allergies: _____

List all Prescription medications: _____

Do you use: (Y/N) Eyeglasses: _____ Contacts: _____ Hearing Aid: _____

Certifications: Please provide copies of all certifications. Expiration Date

CPR: _____

First Aid: _____ Basic: _____ Advanced: _____ Wilderness: _____

First Responder: _____

EMT: _____ Category: _____

Scuba: _____ Level: _____

Prior Search and Rescue Experience:

Search and Rescue Team: _____ Date: _____

City: _____ State: _____ Positions: _____

Team Contact (Please provide a reference for prior SAR team experience): _____

Certifications/Qualifications (Please provide copies of certifications): _____

Criminal Background Check: All applicants are required to provide documentation of a criminal background check with their application. This can be obtained through the NCIC by following the instructions on the next page.

Reference: <http://www.fbibackgroundchecks.com/get-your-own-fbi-record.html>

Personal References: Please provide names of persons that can be contacted as references.

Name: _____ Phone #: _____ Relationship: _____

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List any past experience in map & compass, backpacking, technical climbing, caving, K-9 handling, equine experience, previous search &/or rescue, hobbies, interests, or any other special skills (continue on back, or attach separate sheet if necessary).

"I have not been convicted of a felony or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. I verify all of the above statements to be true and I understand if any are incomplete or untrue, I understand my membership will be terminated."

Signature: _____ Date: _____

Please return to: P.O. Box 24751 Rochester, N.Y. 14624 or email: massasaugasar@gmail.com

MSART Member Application 02-09-2014