

NAME (Last, First, Middle): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Unit: \_\_\_\_\_

## SKILLS and EXPERIENCE -

- Leadership?

\_\_\_\_\_

- Firearms?

\_\_\_\_\_

- List skills:

\_\_\_\_\_

- Navigation?

\_\_\_\_\_

- Communications?

\_\_\_\_\_

- Medical?

\_\_\_\_\_

- Emergency Services / Management?

\_\_\_\_\_

- Outdoors/Hiking/Camping?

\_\_\_\_\_

- Other?

\_\_\_\_\_

*I, the undersigned, do hereby certify that the above is true in as far as I am aware.*

Militiaman's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Witnessing Officer's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_