Langdale/Ambleside Mountain Rescue Team Lake District Search & Mountain Rescue Association

Membership Application Form Full Name :
Home Address :
Date of birth:
Occupation:
Contact tel. no.
Home:
Work:
Mob:
E-mail address :
Next of kin:
Address:
Contact tel. no.
Home:
Work:

Relationship to applicant:

Mob:

Please complete the following questions honestly.							
When will you be available for call outs?							
Do you hold a current first aid qualification ? Yes / No							
(If yes please give details)							
What experience do you have in each of these areas? (Include when, where and how long)							
1) Rock Climbing							
2) Mountain Walking/Scrambling							
3) Winter/Alpine Mountaineering							
c, milen income							
4) Mountain Rescue							
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Do you have any other qualifications or experience that you believe would be of use to the Team?							
Do you have a full current driving license valid in the U.K.? Yes / No							
Do you have any convictions for motoring offences, or points on your license ? Yes / No							
If yes please give full details.							

Have you ever suffered from : Diabetes, Epilepsy, Defective Hearing or Vision (not corrected by glasses/contact lenses), Heart Disease or any other condition, illness or Physical Disability that could in any way affect your ability to perform Rescue duties ? Yes / No

	lf	Yes	please	give	full	details.
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Please give the names and addresses of two referees (not members of your family) Current Team members would be suitable.

1)

2)

I wish to be considered for membership of the Langdale/Ambleside Mountain Rescue Team on a probationary basis, and agree to abide by the Constitution and Rules & Procedures of the Team.

I understand that the decision of the main committee is final in matters concerning membership.

Signed:

Date:

Please return form to:

The Training Officer, Langdale/Ambleside MRT, Low Fold, Lake Road, Ambleside, Cumbria, LA22 0DP.