

ARRT:	_____
INTT:	_____
NP	NF Q

Surname:	Given Name:	Initial:
Address:	City:	Postal:
Date Of Birth (MM-DD-YYYY) :		

**Contact Details**  
 All the details you provide in this section will go on our internal member phone list.

Home:	Work:
Email:	Cell:

**Driver's license**

Number:	Class:	Province:
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**Emergency contact**

Name:	Address:	
Home Phone:	Work Phone:	Relationship:

**Medical Information**  
 Do you have any medical conditions that we should know about? (eg. conditions affecting visual acuity, hearing, the cardiovascular system, nervous system, respiratory system, or metabolic system). If 'YES' please explain below.

	YES / NO
Prescriptions or Medications:	YES / NO
Allergies or Asthma:	YES / NO

**Applicant's Statement And Waiver**

1. I certify that the information provided for this form is true to the best of my ability.
2. I understand that providing false information or omissions of fact may disqualify me from membership.
3. I authorize release of this information to authorized agencies in the event of a medical emergency.
4. I understand that my contact information will be shared with other members of CALSARA, but not given to external groups without my express permission.
5. I understand that I can request access to my personal file at any time. CALSARA will keep this for 4 years after I leave and then destroy my file.
6. I am aware that the very nature of Search and Rescue work is physically and mentally demanding, and that there is a significant time and effort commitment to joining CALSARA.

Date:	Signature:
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**For CALSARA Use Only**

<b>Completed Forms:</b>	<b>Photocopies:</b>	<b>Received:</b>
Application Form <input type="checkbox"/>	Current First Aid Certificate <input type="checkbox"/>	Joining Fee receipt <input type="checkbox"/>
Medical Information <input type="checkbox"/>	Other Training Certificates <input type="checkbox"/>	Coverall Size <input type="checkbox"/>
Skill Assessment <input type="checkbox"/>	Driver's license, Passport, or MV Reg. Photo ID <input type="checkbox"/>	Pager <input type="checkbox"/>
Waiver Form <input type="checkbox"/>	Birth Certificate, SIN Card, or AB Health Card <input type="checkbox"/>	Membership Manual <input type="checkbox"/>
Security Clearance <input type="checkbox"/>		ERI Manual <input type="checkbox"/>
NOK Card <input type="checkbox"/>		

# CALGARY SEARCH AND RESCUE: SKILLS & EXPERIENCE

Have you ever been a member with any other SAR team? Please list the team's name, contact info and details of when you were a member:

These are some of the types of training that may be offered, as well as skills that we need to run the organisation. Please rate your current ability out of 10 in the areas in which you've had experience or training. 0 is no experience, 5 means competent and 10 means capable of instructing in this topic. The Training team will use some of this information to help plan future training.

<input type="checkbox"/>	ERI Fundamentals	<input type="checkbox"/>	Personal Defence
<input type="checkbox"/>	Map & Compass	<input type="checkbox"/>	Knots & Rope Management
<input type="checkbox"/>	Radio Communication	<input type="checkbox"/>	Global Positioning System
<input type="checkbox"/>	Outdoor Survival Training	<input type="checkbox"/>	Celestial Navigation
<input type="checkbox"/>	Treating Hypothermia	<input type="checkbox"/>	Man tracking
<input type="checkbox"/>	Dealing with people with Alzheimer's	<input type="checkbox"/>	Rope Rescue
<input type="checkbox"/>	Poisonous Gas Awareness	<input type="checkbox"/>	Search Manager
<input type="checkbox"/>	Bone Identification	<input type="checkbox"/>	Aerial Spotter Training
<input type="checkbox"/>	Lost Person Behaviour	<input type="checkbox"/>	Shoreline Rescue
<input type="checkbox"/>	Leadership / Command Training	<input type="checkbox"/>	Avalanche Awareness
<input type="checkbox"/>	Bear and Cat Awareness	<input type="checkbox"/>	Confined Space / Cave Rescue
<input type="checkbox"/>	Grass Fire Training	<input type="checkbox"/>	Large vehicle driving
<input type="checkbox"/>	Stokes Packaging / Evacuation	<input type="checkbox"/>	Civil Emergency Response
<input type="checkbox"/>	Night Search Techniques	<input type="checkbox"/>	Landing Zone Officer Training
<input type="checkbox"/>	Winter Search Techniques	<input type="checkbox"/>	Overhead Team Training
<input type="checkbox"/>	Evidence Handling	<input type="checkbox"/>	Critical Incident Stress Management
<input type="checkbox"/>	Risk Management	<input type="checkbox"/>	Instructional technique
<input type="checkbox"/>	Board Of Directors experience	<input type="checkbox"/>	Management experience
<input type="checkbox"/>	Webmaster or website programming	<input type="checkbox"/>	Presentation skills

Please provide a copy of your certificate for these qualifications. Tick those that apply.

<input type="checkbox"/>	Standard First Aid (16 Hrs Course)	<input type="checkbox"/>	EMR
<input type="checkbox"/>	First Aid Instructor	<input type="checkbox"/>	EMT-A
<input type="checkbox"/>	Wilderness First Aid	<input type="checkbox"/>	EMT-P
<input type="checkbox"/>	Advanced Wilderness First Aid	<input type="checkbox"/>	Wilderness First Aid Instructor

Please give details of any other relevant skills & experience. Use more paper if you need to, and remember we are interested in more than just your SAR skills: