ALLEGHENY MOUNTAIN RESCUE GROUP

a Group of the

APPALACHIAN SEARCH AND RESCUE CONFERENCE, INC.

APPLICATION FOR MEMBERSHIP

Version 3.0 December 1994

I. PERSONAL

NAME		BIRTHDATE		
SSN	SEX: M F			
MAILING ADDRESS_				_
HOME PHONE: (WORK PHONE: (
OTHER PHONE: (_)	_EXPLAIN		
known in case of an emo	ergency; include	current current medica	ations and drug aller	e field, or which should be gies. Attach another piece of
III. Availability				
Are you available for m	ission callouts?	Y N		
If yes, do you have any	time-of-day or ge	eographic limitations?		

IV. EMERGENCY CONTACT

Next of kin or other emergency contact:

Name			Relation				
Telephone number(s)	()		()	_

V. TRAINING

A. CURRENT MEDICAL CERTIFICATION Instructor? Date Expires
Y N Heart Assn. CPR card
Y N Red Cross CPR card
Y N Red Cross Standard First Aid Card
Y N Red Cross Advanced First Aid Card
Y N DOT First Responder Card (State:)
Y N National Registry EMT (#)
Y N National Registry EMT-P (#)
Y N State EMT (Level:#)
Y N RN(State:#)
Y N MD(State:#)
Y N AHA ACLS
Y N ACS ATLS
Y N ACS BTLS
Y N ACEP PHTLS
Y N ASRC-CEM WEMT
Lapsed certification or other relevant training or experience:
B. OTHER TRAINING AND EXPERIENCE
Y N Amateur Radio License Class: Call:
Y N National Cave Rescue Commission Orientation Card
Date completed:
Y N NCRC week-long courseDate completed:
Y N Virginia or NASAR Search First Responder Course
Date completed:
Y N National SAR School GraduateDate completed:
Y N NASAR MSF or ERI MSO Course
Date completed:
In the space below, please describe briefly your outdoor and search and rescue experience and training; mention an geographic areas with which you are especially familiar.