



Rockingham-Augusta Search and Rescue, Inc.

P.O. Box 304, Bridgewater, VA. 22812

Rev. 05.10.2002

Application for Membership

RASAR USE ONLY

Date Submitted: _____ Application Fee: \$5.00
 _____ Accepted _____ Month/Year Accepted: _____
 _____ Rejected _____ Date Eligible for Full Membership: _____
 Secretary: _____

Name: _____ Social Security No: _____

Address: _____ Date of Birth: _____

_____ Marital Status: _____

Spouses Name: _____

Telephone: _____ Emergency Contact: _____

Day: _____ Relationship: _____

Night: _____ Day Telephone: _____

Pager: _____ Night Telephone: _____

Cell/PCS: _____

E-Mail: _____

Employer: _____

Address: _____

May RASAR list all of the above on the callout list? (Y/N) _____

If **No**, omit which? _____ Occupation: _____

Do you have a valid Virginia Driver's License? (Y/N): _____

Have you ever had a court conviction: (Y/N): _____

If **Yes**, for what offense: _____

Have you completed any of the following Virginia Department of Emergency Management courses?

_____ FTM _____ FTS _____ PSO
 _____ FTL _____ MSO _____ IC

I, the undersigned, hereby agree to permit representatives of Rockingham-Augusta Search and Rescue, Inc. to confirm my employment, and to check my criminal and traffic records.

Signature of Applicant

Date

Applicant's Medical History

Name: _____

1. Are you in good health? (Y/N): _____
2. Have you had any serious illness in the past five (5) years? (Y/N): _____
If **Yes**, what? _____

3. Have you been treated for a mental disorder? (Y/N): _____
4. Do you have a history of:
Diabetes: _____ Seizures: _____
Heart Attack: _____ Angina: _____
High Blood Pressure: _____ Asthma: _____
Other: _____

5. Do you have any disabilities that would limit your participation in team functions? (Y/N): _____
If **Yes**, what disabilities? _____
6. Do you have any allergies? (Y/N): _____
If **Yes**, what? _____
7. Do you take any prescription medications? (Y/N): _____
If **Yes**, please list:

Drug Name	When Taken	Reason
8. Family Physician: _____
9. Blood Type: _____ Height: _____ Weight: _____ Shoe Size: _____

Emergency Medical Services Training

10. Have you ever been or are you now a member of another Rescue Squad, Fire Department, or Tactical Rescue Team? (Y/N): _____ If **Yes**, where? _____
11. Current medical certifications and expiration dates: _____ None

	Exp. Date		Exp. Date
CPR - Community		CPR-BLS	
Advanced First Aid		EMT-A	
First Responder		EMT-D	
EMT-ST		EMT-C	
EMT-P		EMT-W	
Other			
12. Are you currently certified as an instructor in any of the above areas? (Y/N): _____
If **Yes**, which class? _____ Exp. Date: _____
13. How did you learn about Rockingham-Augusta Search and Rescue?

I, the undersigned, certify that there are no willing misrepresentations in, or falsifications of the above statements and answers to questions. I am also aware if investigations disclose such misrepresentations, my application shall be rejected and I shall be disqualified in the future for any position in Rockingham - Augusta Search and Rescue, Inc. And should my application be accepted, I also agree that I will follow the policies of Rockingham-Augusta Search and Rescue, Inc.

Signature of Applicant

Date