

MCKINLEY COUNTY SEARCH AND RESCUE MEMBERSHIP APPLICATION

AREA OF INTEREST (PLEASE CHECK) COMMUNICATIONS / BASE CAMP: ☐ FIELD OPERATIONS: ☐ BOTH: ☐

APPLICATION INFORMATION (PLEASE PRINT CLEARLY ON THIS FORM) --- [SAR APP Ver 3-21-2012]

NAME:

DATE OF BIRTH:	DRIVER LICENSE #	STATE:
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EMAIL ADDRESS:

AMATEUR CALL SIGN:	ARES MEMBER? YES _____ NO _____
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HOME PHONE:	WORK PHONE:
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CELL PHONE:	CELL PHONE PROVIDER:
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MAILING ADDRESS INFORMATION

STREET ADDRESS OR P.O. BOX:

CITY:	STATE:	ZIP:
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PHYSICAL ADDRESS

STREET ADDRESS OR RA NUMBER AND ROAD:

CITY:	STATE:	ZIP:
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EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME:	RELATIONSHIP:
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PHYSICAL ADDRESS: (NO P.O. BOXES)

CITY:	STATE:	ZIP:
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HOME PHONE NUMBER	CELL PHONE NUMBER:
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EMPLOYMENT INFORMATION

CURRENT EMPLOYER:	HOW LONG
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EMPLOYER ADDRESS:

CITY:	STATE:	ZIP:
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POSITION:	CALL AT WORK? YES _____ NO _____	WORK HOURS:
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PHYSICAL / MEDICAL LIMITATIONS - PLEASE LIST

COMMENTS / CONCERNS

LIST TWO REFERENCES NOT RELATED TO YOU

NAME	ADDRESS	PHONE NUMBER

Upon my acceptance as a member of McKinley County SAR, I understand that training exercises and other group function are taken at **MY OWN RISK**. I agree not to hold McKinley County SAR or it's members responsible in any way. I also understand that I am responsible for the replacement cost of any equipment i check out if it is damaged while in my possession. INT:

Signature of applicant:	Date:
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***** PLEASE FILL OUT AND ATTACHE PERSONAL RESOURCE INFO SHEET TO THIS FORM*****

OFFICIAL USE ONLY: ADMIN #:	MEMBER CALL SIGN:

MEMBER APPROVED: YES / NO NOTES:

ENTERED IN TO: DB: _____ MISSION SUPPORT: _____ YAHOO GROUP INVITE: _____

MCKINLEY COUNTY SEARCH AND RESCUE PERSONNEL RESOURCE INFORMATION

NAME: _____

PLEASE CHECK NEXT TO EQUIPMENT YOU ARE ABLE TO USE ON A SEARCH

CAR: SNOWMOBILE: DEPENDABLE AIRCRAFT: CAMPER: SUV:	PICKUP 2WD: ATV/OFFROAD VEHICLE: HORSE: SNOWSHOES: OTHER (DESCRIBE):	PICKUP 4WD: MOUNTAIN BIKE: BOAT: CROSS C. SKIES:
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COMMUNICATIONS EQUIPMENT: PLEASE CHECK IN THE BOX

	EQUIPMENT	MOBILE	HANDHELD	HOME BASE	COMMERCIAL	AMATEUR
	CB					
	FM - VHF					
	FM - UHF					
	HF					
	HF DIGITAL					
	APRS/PACKET					
	CELL PHONE					
	MOBILE REPEATER					
	FRS RADIO					
	GMRS RADIO					

PLEASE LIST FCC ASSIGNED CALL SIGNS FOR ABOVE EQUIPMENT: _____

AREAS OF PROFICIENCY: (PLEASE FILL IN ALL)

NOTE: USE "0" IN AREAS YOU HAVE NO INTEREST OR SKILL. "1" BEING NOT VERY SKILLED TO "5" BEING ABLE TO TRAIN OTHERS

ITEM	SCORE		ITEM	SCORE		ITEM	SCORE
CPR			MAP / COMPASS			COMPUTER	
FIRST AID			HASTY TEAM			FIRST RESPONDER	
LOW ANGLE RESCUE			TRACKING			WILDERNESS F.R.	
HIGH ANGLE RESCUE			COMMUNICATIONS			EMT-B	
WATER RESCUE			BASE CAMP			EMT-I	
HELICOPTER			4WD SEARCH			EMT-P	
24 HR. SUMMER			ATV SEARCH				
24 HR. WINTER			GROUND SEARCH				
NAVIGATION DAY			AIR SEARCH				
NAVIGATION NIGHT			ELT / RDF TRACKING				
SEARCH TECHNIQUES			INTERVIEWS				

ARE YOU NEW MEXICO FIELD CERTIFIED? YES ☐ NO ☐

CHECK NIMS COURSES BELOW YOU HAVE COMPLETED

ICS100	ICS200	ICS300	ICS400	ICS700	ICS704	ICS800			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

CHECK THE ARRL EMERGENCY COMMUNICATIONS COURSES YOU HAVE COMPLETED

LEVEL 1 ☐ LEVEL 2 ☐ LEVEL 3 ☐

PLEASE CHECK THOSE THAT APPLY

STATE OF NEW MEXICO SAR CERTIFIED SECTION CHIEF ☐ INCIDENT COMMANDER ☐