 **Hinton Search and Rescue Application Form**

Email completed form to: Membership@HSAR.com

**Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Street Address |  |
| City/Town/Postal Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

**Person to Notify in Case of Emergency (Must be over the age of 18)**

|  |  |
| --- | --- |
| Name |  |
| Home Phone |  |
| Cell Phone |  |
| Relationship |  |

**Please circle that which best applies:**

Interested in Searcher: Yes/No

Support Personnel: Yes/No

Do you have previous SAR experience: Yes/No

Name of Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have Standard First Aid with CPR/AED: Yes/No

**I UNDERSTAND THAT ACCEPTANCE FOR MEMBERSHIP IN HINTON S.A.R. IS DEPENDANT UPON A SATISFACTORY RCMP CRIMINAL RECORDS CHECK AND SIGN AN OATH OF CONFIDENTIALITY.**

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.