ALTADENA MOUNTAIN RESCUE TEAM

Membership Application

Revised 01/2007
AMRT Membership Application

Name: (Last)______________________(First)____________________________________

Address: __________________________(City)_____________________(Zip)______________

Phone: (Home)____________________(Work)_______________________(Ext)___________

How long have you lived at the above address? _______________

DOB: ________________ Height: _________ Weight: _________

CDL: ________________ Marital Status: ______________

Employer: _______________________________________________________________

Address: _______________________________________________________________

Supervisor: _____________________________________________________________

How long employed with above company? ______________

Is your employer willing to be flexible with your work schedule, considering the time commitment necessary to participate in AMRT trainings and operations?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How did you find out about AMRT? ________________________________

________________________________________________________________________

Do you know any AMRT members? If yes, who: ______________________

________________________________________________________________________
Have you ever applied for membership with any other SAR Teams: ______________
If “yes”, briefly explain: ________________________________

MEDICAL BACKGROUND

Personal Doctor: _______________________________________
Sight (uncorrected) ____________ Hearing ____________ Blood Type_______
Allergies (if applicable) __________ Heart Disorders (if applicable) __________

Do you have any pre-existing medical conditions which may impair your performance and duties as a mountaineer? If “yes”, please explain:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Please answer YES or NO to the following questions:

Are you acrophobic or suffer from claustrophobia? __________
Have you ever suffered from fainting spells? ________________
Do you suffer from seizures of any kind? _________________

MOUNTAINEERING & RELATED ALPINE EXPERIENCE

Please list all backpacking, climbing or rescue experience and/or training that you have:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
MEDICAL TRAINING

Please list any medical training, including certifications (ie: CPR, EMT, Paramedic, etc. and expiration dates) you have:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

PERSONAL

Tell us about your current work-out schedule or exercise program:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

What are your hobbies and/or other interests?

______________________________________________________________________

______________________________________________________________________

On a separate page of paper, please type several paragraphs describing (in any order):
A) What type of person do you think makes a good Search and Rescue (SAR) volunteer?
B) What qualities and talents do you feel you can contribute to AMRT?
C) Why do you want to participate in SAR work?
D) What do you hope to personally gain from your commitment to the Team?

If married, please have your spouse conclude the paper with a short paragraph on how they feel about you joining the AMRT.

IT IS UNDERSTOOD THAT FALSE STATEMENTS ON THIS APPLICATION WILL BE CONSIDERED SUFFICIENT CAUSE FOR DISQUALIFICATION.

Signature__________________________ Date____________________