

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 _____