

Central Lakes Search and Rescue

Membership Application – Page 1 of 2

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: (H) _____ (W): _____ (C): _____

Email: _____ Gender*: Male Female D.O.B. _____

Date of last physical: _____ Physician: _____

Any physical reason the applicant cannot participate in the activities of this organization?

(A medical physical is not required, however because of the nature of search work, we recommend that you discuss with your doctor your desire to join, as well as obtaining the Hepatitis B vaccination.)

Next of Kin: _____ Relationship: _____

Next of Kin's Phone (s): (h) _____ (c) _____

Next of Kin's Email: _____

Applicant's previous relevant training (include military service if applicable): _____

Check Applicable Training (must be current):

First Aid CPR EMT First Responder Paramedic Advanced EMT

Wilderness First Responder Wilderness Medicine Wilderness EMT

Dog's Name: _____ Age: _____ Breed: _____

AKC Registration # (if applicable): _____ Tattoo #: _____

Microchip Manufacturer: _____ Location: _____

Dog's Previous Training: _____

Vaccination Dates:

DHL-P	Rabies	Rabies Tag #	Parvovirus

Check here if you have additional dogs. Write all pertinent information concerning additional dogs on Page 2 of this form.

Statement of Interest: (Please outline why you have decided to join a Search and Rescue Unit)

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Information on additional dogs (if applicable)

Dog's Name: _____ Age: _____ Breed: _____
AKC Registration # (if applicable): _____ Tattoo #: _____
Microchip Manufacturer: _____ Location: _____
Dog's Previous Training: _____

Vaccination Dates:

DHL-P	Rabies	Rabies Tag #	Parvovirus

Dog's Name: _____ Age: _____ Breed: _____
AKC Registration # (if applicable): _____ Tattoo #: _____
Microchip Manufacturer: _____ Location: _____
Dog's Previous Training: _____

Vaccination Dates:

DHL-P	Rabies	Rabies Tag #	Parvovirus

I hereby apply for membership in Central Lakes Search and Rescue (CLSAR). I agree to support the By-laws of the unit and to obey its rules and operating procedures. I also verify that I do not have a felony record, although I release CLSAR to perform a criminal background check as required in the By-Laws. I understand that search and rescue is a strenuous activity, entered into voluntarily on my part. I will not hold CLSAR or its members liable for any injuries incurred while involved in search-related activities (including training). I am responsible for updating any information on this sheet when a change occurs.

Signature: _____ Date: _____

Sponsor's Signature: _____

* Central Lakes Search and Rescue membership is open to any person over the age of 18 years, who has a serious interest furthering its purpose and a willingness to participate in its functions, without regard to race, sex, age, national origin, creed or religion. Items marked with an asterisk (*) need not be answered for admission to the organization.