

Search and Rescue Regina (SARR) Membership Application



Surname		Given Name(s) and Middle Name(s)		Maiden Name (and any other names used, if applicable)	
SARSAV ID?	Sex	Date of Birth (m/d/y)	Place of Birth (City, Province, Country)	Email Address	
	M <input type="checkbox"/> F <input type="checkbox"/>				
Mailing Address or Box Number			City/Town/Village	Postal Code	
For each of the telephone numbers below, select the checkbox if SAR Regina can send automated dispatch alerts to that number. This requires that the phone be answered by someone familiar with your involvement with SAR.					
Home Phone (306 is implied)	Work Phone (306 is implied)	Cell Phone (306 is implied)	Cellular Carrier (for SMS messaging)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Emergency Contact Information	
The "Emergency Contact" information below will only be used in the event that you are unable to contact them yourself in a critical situation. Contacts should be aware of your involvement in SAR, and should not themselves be potentially involved in the provision of emergency services where SAR Regina is likely to be involved.	
Emergency Contact #1	Emergency Contact #2
Contact #1 Primary Phone Number (306 is implied)	Contact #2 Primary Phone Number (306 is implied)
Contact #1 Alternate Phone Number (306 is implied)	Contact #2 Alternate Phone Number (306 is implied)
Contact #1 Relationship to Applicant	Contact #2 Relationship to Applicant

Previous Training and Certifications		
This describes various recognized training courses that SARR monitors the status of. If you have been trained and/or certified in any of the below categories or topics, please select the check-box for that item. Please provide documentation (photocopies of certificates, etc.) with your application supporting your training claims.		
AdventureSmart <input type="checkbox"/>	CISM Group Counselling <input type="checkbox"/>	ICS 400 <input type="checkbox"/>
Amateur Radio Operator <input type="checkbox"/>	Emergency Operations Center Training <input type="checkbox"/>	Pleasure Craft Operator Card <input type="checkbox"/>
Amateur Radio Call-sign: <input type="checkbox"/>	Emergency Site Mgmt. Training <input type="checkbox"/>	SAR Basic Searcher <input type="checkbox"/>
ATV Operator Course <input type="checkbox"/>	Evacuation Contingency Planning <input type="checkbox"/>	SAR Team Leader <input type="checkbox"/>
Basic Emergency Mgmt. Course <input type="checkbox"/>	Evidence Recovery Training <input type="checkbox"/>	SAR Search Manager <input type="checkbox"/>
CBRN Awareness <input type="checkbox"/>	Hug-A-Tree Instructor <input type="checkbox"/>	Traffic Safety Course (Flag person) <input type="checkbox"/>
CBRN Basic <input type="checkbox"/>	ICS 100 <input type="checkbox"/>	Other? Describe.
CERT (disaster response) Trained <input type="checkbox"/>	ICS 200 <input type="checkbox"/>	
CISM Peer Counselling <input type="checkbox"/>	ICS 300 <input type="checkbox"/>	
MEDICAL, FIRST AID, CPR, AND RELATED TRAINING.		
First Aid Trained <input type="checkbox"/>	Most recent "emergency" or "standard" first aid training date (m/d/y):	
CPR Trained <input type="checkbox"/>	Most recent CPR training date (m/d/y):	
Other medical qualifications:		

How did you hear about SAR Regina? Were you referred by someone?

Other information relevant to this application:

With your signature below, you certify the above information to be true to the best of your knowledge.
Remember, it is your responsibility to notify the SARR Secretary of any changes to your personal information.

Applicant Signature	_____	Today's Date (m/d/y)	_____
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