



## Hinton Search and Rescue Application Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (will only be used to send information from HSAR): \_\_\_\_\_

On Call Availability under most circumstances Yes No Require advance warning Yes No

Interested in: Searcher Yes No Support Yes No

### Search and Rescue Training

Please mark an “X” if you have the course (we will require a copy of your certificate). Mark with an “I” if you are interested in taking any of these courses.

Previous SAR Experience Yes/No Name of Group: \_\_\_\_\_

SAR Fundamentals \_\_\_\_\_ Helicopter Safety \_\_\_\_\_ Map/compass \_\_\_\_\_ Radio – DOC \_\_\_\_\_ H2S Alive \_\_\_\_\_

Low Angle Rescue \_\_\_\_\_ Confined Space Rescue \_\_\_\_\_ Fast Water Rescue \_\_\_\_\_ Man Tracking \_\_\_\_\_ GPS Course \_\_\_\_\_

Ice Rescue \_\_\_\_\_ Boating Course \_\_\_\_\_ ATV Safety \_\_\_\_\_ CPR \_\_\_\_\_ Date taken: \_\_\_\_\_

First Aid Yes/No Level: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Please list any relevant Special Qualifications or other Certificates on the back of this form.

### Personal Equipment

Snowmobile: Yes No Boat: Yes No Type: \_\_\_\_\_ Horses: Yes No 4x4 Vehicle: Yes No

ATV Yes/No Type: \_\_\_\_\_ Aircraft: Yes No Trained search dog: Yes No Chainsaw: Yes No

Other Equipment: \_\_\_\_\_

(Use of equipment requires appropriate safety courses – will need to see documentation)

Would you be willing to use any of the above personal equipment on a search? Yes No

Are you willing for the above information to be shared with other SAR groups if necessary? Yes No

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

RCMP Security Check approved: Yes/No

RCMP Member: \_\_\_\_\_ Date: \_\_\_\_\_

After completing the form, send it to [membership@hsar.ca](mailto:membership@hsar.ca)