

APPLICATION FOR MEMBERSHIP

Techachapi Mountains Search and Rescue

Name: _____ Date: _____ Age: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail Address: _____
CDL# _____ SS# _____

Employer: _____ Occupation: _____ Years there: _____
Working Days: _____ Working Hours: _____ Military: _____

Physical Condition: _____ Marital Status: _____
Medical Conditions: _____
Personal Vehicle: _____ 4X4 Yes _____ No _____
Snow Cat: _____ ATV type: _____ Snowmobile: _____ Motorcycle: _____

Are any of the following potential problems to attaining Team membership?

Time _____ Work _____ Family _____ Physical Limitations _____

Have you read the Recruitment Information for Prospective Members? Yes _____ No _____

Do you understand the **TIME REQUIREMENTS** for team membership? Yes _____ No _____

Referring to the **TMSAR** Personal Equipment List, what is your equipment status?

Have Most: _____ Ability to Acquire Gear: _____

Rate your experience in the areas listed below (1-5 with 5 being most experienced):

Car camping: _____ Day hiking: _____ Overnight backpacking: _____ Ski touring: _____

4X4 driving: _____ Quad riding: _____ Mtn. climbing: _____ Rope anchors: _____

GPS: _____ Map and compass: _____ Web site / page programmer: _____

List other outdoor training or experience relevant to search and rescue: _____

List any Medical Training / Experience / Certification: _____

Date of Application: _____