

ALLEGHENY MOUNTAIN RESCUE GROUP

a Group of the

APPALACHIAN SEARCH AND RESCUE CONFERENCE, INC.

APPLICATION FOR MEMBERSHIP

Version 3.0 December 1994

I. PERSONAL

NAME _____ BIRTHDATE _____

SSN _____ SEX: M F

MAILING ADDRESS _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

OTHER PHONE: (____) _____ EXPLAIN _____

II. MEDICAL

Please list and explain any medical conditions which could affect your ability in the field, or which should be known in case of an emergency; include current current medications and drug allergies. Attach another piece of paper if needed.

III. Availability

Are you available for mission callouts? Y N

If yes, do you have any time-of-day or geographic limitations?

IV. EMERGENCY CONTACT

Next of kin or other emergency contact:

Name_____ Relation_____

Telephone number(s) (____)_____ (____)_____

