



COMMSAR Volunteer Application

Name: _____

Address: _____

City _____ ST _____ Zip _____

E-Mail Address: _____

Cell Phone(s): _____

Home/Other Phone: _____

Age: _____ Marital Status: _____

Certifications:

- | | | |
|---|--|--|
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Incident Command | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Mental Health Prof. | <input type="checkbox"/> HAM Radio |
| <input type="checkbox"/> Paramedic/RN | <input type="checkbox"/> C.E.R.T. | <input type="checkbox"/> Search & Rescue |
| <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Pilot License | <input type="checkbox"/> Wilderness Rescue |
| <input type="checkbox"/> ALS/BLS Instructor | <input type="checkbox"/> Boating Safety | <input type="checkbox"/> SCUBA |
| <input type="checkbox"/> Fire Fighter | <input type="checkbox"/> License | <input type="checkbox"/> Other _____ |

Other Expertise:

- | | | |
|--|--|---|
| <input type="checkbox"/> Seasoned
Outdoorsman | <input type="checkbox"/> Technical
Communications | <input type="checkbox"/> Man-Tracking |
| <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Information
technology (IT) | <input type="checkbox"/> Dispatching |
| <input type="checkbox"/> Wilderness Survival | <input type="checkbox"/> Ski/Snowshoeing
(with equipment) | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Topography/Nav. | <input type="checkbox"/> Swiftwater Rescue | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Canine Rescue | | <input type="checkbox"/> Accounting |
| | | <input type="checkbox"/> Other _____ |

COMMSAR Preliminary Volunteer Application—CONTINUED

Current or Retired Organization Affiliation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Search & Rescue group | <input type="checkbox"/> Shomrim | <input type="checkbox"/> Coast Guard Auxiliary |
| <input type="checkbox"/> Hatzolah | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other EMS _____ | <input type="checkbox"/> Law Enforcement | |
| <input type="checkbox"/> Cheverim | <input type="checkbox"/> American Red Cross | |
| | <input type="checkbox"/> Military | |

Access to Equipment (personal):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> ATV | <input type="checkbox"/> Horses | <input type="checkbox"/> Canoe/Kayak |
| <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Rope Rescue System | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Helicopter/Airplane | <input type="checkbox"/> Motor Boat | |
| <input type="checkbox"/> Drone | | |

Do you have valid driver's license **AND** own or have access to a vehicle? ☐ Yes ☐ No

Positions applying for:

- | | |
|--|--|
| <input type="checkbox"/> Direct Rescue Division (wilderness search & rescue) | <input type="checkbox"/> Communications & IT |
| <input type="checkbox"/> Support Rescue Division (light foot searches, vehicle searches, etc.) | <input type="checkbox"/> Professional Services (Law, Accounting, etc.) |
| <input type="checkbox"/> Logistics Division (food services, transportation, etc.) | <input type="checkbox"/> Administrative (dispatching, marketing, etc.) |
| | <input type="checkbox"/> Training (instructor) |

Please describe how often you will be available for indoor/outdoor training and exercises

☐ Bi-weekly ☐ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually

Fitness/Endurance:

Describe your level of physical fitness and wilderness hiking capabilities/experience

Were you ever convicted of a misdemeanor or a felony? _____

If yes, please explain _____

References:

If you are a member of an organization which does search and rescue, please list name and contact information of superior; otherwise please list 2 references—1 family and one other.

Thank you