



TIMMINS PORCUPINE SEARCH & RESCUE INC.

MEMBERSHIP APPLICATION

APPLICATION INFORMATION

Last Name:		First Name:	
Street Address:		City:	Postal Code:
Mailing Address: (if different from above)		City:	Postal Code:
Home #:	Mobile #:		Work #:
Email Address:			

CHARACTER REFERENCES (No family members)

Last Name:	First Name:	Member <input type="checkbox"/> YES <input type="checkbox"/> NO
Home #:	Mobile #:	

Last Name:	First Name:	Member <input type="checkbox"/> YES <input type="checkbox"/> NO
Home #:	Mobile #:	

CERTIFICATION

Driver's License	Class	
First Aid	Level	Expiry Date
CPR	Level	Expiry Date
EFR / EMR	Level	Expiry Date
OSARVA	Level	Expiry Date
BOATER'S LICENSE		
Other		

LIST OTHER QUALIFICATIONS, CERTIFICATES, RADIO LICENSES. (I.E.) PARAMEDIC, NURSE, INSTRUCTOR.

LIST REASONS WHY YOU FEEL YOU WOULD BE OF BENEFIT TO OUR UNIT

QUESTIONS

Are you willing to participate in ongoing mandatory search & rescue training standards as prescribed by the units training committee?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to participate in unit committee functions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you understand the nature of our work and are you prepared to accept the risks of rescue work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had any formal training in search and rescue techniques? If yes explain	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I confirm that I am over 18 years of age.

Signature _____ Date _____

RETURN APPLICATION TO:

E-mail to membership@tpsar.ca