

# CAYUGA COUNTY HIGHLAND SEARCH AND RESCUE



## Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Employer Information

Current Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed since: \_\_\_\_\_

Previous Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Other Volunteer Organization(s) you belong to: \_\_\_\_\_

\_\_\_\_\_

Why do you want to join CCHSAR? \_\_\_\_\_

\_\_\_\_\_

Do you have any medical or physical limitations? \_\_\_\_\_

\_\_\_\_\_

Have you even been arrested or convicted? \_\_\_\_\_

Professional skills (EMT, etc.): \_\_\_\_\_

\_\_\_\_\_

List 3 references:

Name

Address

Phone

Relationship

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I agree to abide the By-Laws of Cayuga County Highland Search and Rescue, Inc. I understand that I am subject to a background check by the Cayuga County Sherriff's Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Administrative use only

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Date reviewed: \_\_\_\_\_ Accepted: \_\_\_\_\_

Notes: \_\_\_\_\_

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