

NORTH VALLEY RESCUE ASSOCIATION

APPLICATION FOR MEMBERSHIP

P.O. Box 2041 • Columbia Falls Montana • 59912

- **NAME**
Last: _____ First: _____ Middle: _____
- Street Address: _____
- Mailing Address: _____
- Home phone: _____ Date of Birth (MM/DD/YYYY): _____
- Work Phone: _____ Social Security#: _____ - _____ - _____
- Cell#/Provider: _____ Place of Birth: _____
- Height: _____ Weight: _____ General Health: _____
- Employer: _____
- Drivers License#: _____ State: _____
- Are You Able to Miss Work to Participate in a Search? Yes _____ No _____
- Have You Ever Been a Member of a Search & Rescue Unit? Yes _____ No _____
- If Yes, When & Where? _____
- Are You Taking Any Medications? _____ Blood Type: _____
- Please List Any Medical Conditions (i.e.: Heart Problems, Diabetes, Asthma, Seizures, etc.)

- **EMERGENCY CONTACT** Name: _____ Relationship: _____
Address: _____ Phone Numbers: _____

REFERENCES

Name	Address	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

I hereby affirm that the above statements are true, and that I give my full consent to a Personal Background & Criminal Records check by The Flathead County Sheriff's Office, with the understanding that any information obtained will be disclosed only to persons on the North Valley Rescue Assoc. Board of Directors.

APPLICANT'S SIGNATURE: _____ DATE: _____
Please complete information on the back of this form

APPROVAL DATES:

SHERIFF: _____ BOARD OF DIRECTORS: _____

PERSONAL EQUIPMENT AVAILABLE

Check if applicable

4x4 VEHICLE _____ HIGH BAND RADIO _____ DIVING EQUIPMENT _____
BOAT & MOTOR _____ SNOWMOBILE _____ CAMPER/TRAILER _____
X-COUNTRY SKIS _____ SNOWSHOES _____ DOGS (K-9) _____
ATV _____ HORSES _____ CLIMBING EQUIPMENT _____ JETSKI _____
OTHER *(please list)*: _____

LIST ANY SPECIALIZED TRAINING YOU HAVE HAD THAT MAY BE OF VALUE IN A SEARCH AND RESCUE CAPACITY:

EXPLAIN WHY YOU ARE INTERESTED IN BECOMING A NORTH VALLEY RESCUE ASSOCIATION MEMBER:
