MCKINLEY COUNTY S	EARCH AND RE	SCUE MEN	MBERSHIP APPLICATION				
AREA OF INTEREST (PLEASE CHEC	CK) COMMUNICATIONS / BA	ASE CAMP:	FIELD OPERATIONS: BOTH:)			
APPLICATION INFORMATIO	N (PLEASE PRINT CLEAR	LY ON THIS FORI	M) [<u>SAR APP Ver 3-21-2012]</u>				
NAME:							
DATE OF BIRTH:	DRIVER LICENSE #		STATE:				
EMAIL ADDRESS:							
AMATEUR CALL SIGN:		AR	ES MEMBER? YES NO				
HOME PHONE:		WORK PHONE:					
CELL PHONE:		CELL PHONE PRO	OVIDER:				
	MAILING ADDRESS	INFORMAION					
STREET ADDRESS OR P.O. BOX:							
CITY:		STATE:	ZIP:				
	PHYSICAL A	DDRESS					
STREET ADDRESS OR RA NUMBER AND ROAD:							
CITY:		STATE:	ZIP:				
	EMERGENCY CONTAC	T INFORMATION	N .				
EMERGENCY CONTACT NAME:		RELATIONSHIP:	RELATIONSHIP:				
PHYSICAL ADDRESS: (NO P.O. BOXES)		•					
CITY:		STATE:	ZIP:				
HOME PHONE NUMBER		CELL PHONE NUM	CELL PHONE NUMBER:				
	EMPLOYMENT IN	IFORMATION					
CURRENT EMPLOYER:			HOW LONG				
EMPLOYER ADDRESS:							
CITY:		STATE:	ZIP:				
POSTION:	CALL AT WORK? YES		VORK HOURS:				
	HYSICAL / MEDICAL LIMI						
<u> </u>	, , , , , , , , , , , , , , , , , , , ,						
	COMMENTS /	CONCERNS					
	COMMILITION	00110211110					
	LIST TWO REFERENCES N	OT DELATED TO	VOLL				
NAME	LIST TWO KEI EKENCES IN	ADDRESS	PHONE NUMBER				
Upon my acceptance as a member of McKinley Count	=	=	-				
McKinley County SAR or it's members responsible in ar	ny way. I also understand that I am while in my possession. IN	•	placement cost of any equipment i check out if it is d	amaged			
Signature of applicant:	wrille in my possession. In		Date:				
********* PLEASE FILL OUT AND	O ATTACHE PERSONAL RE	SOURCE INFO SI	HEET TO THIS FORM***********	**			
OFFICIAL USE ONLY: ADMIN #:	MEN	BER CALL SIGN:					
MEMBER APPROVED: YES / NO	NOTES:						
ENTERED IN TO: DB:	MISSION SUPPORT:		YAHOO GROUP INVITE:				

MCKINLEY	COUNTY	SEARCH	AND RE	SCUE PE	RSONN	EL RESO	JRCE IN	FORMA [*]	ΓΙΟΝ
NAME:									
	PLEASE	CHECK NEX	T TO EQUIP	MENT YOU	ARE ABLE T	O USE ON A	SEARCH		
CAR:						PICKUP 4WD:			
SNOWMOBILE:			ATV/OFFROAD VEHICLE:		MOUNTIAN BIKE:				
DEPENDABLE AIRCRAFT:			HORSE:			BOAT:			
CAMPER:			SNOWSHOES:			CROSS C. SKIES:			
SUV:	(OMMUNIC	OTHER (DESCR		FASE CHEC	CK IN THE BO	X		
	1	PMENT	MOBILE	HANDHELD	HOME BASE	COMMERCIAL	AMATEUR	I	
		CB							
	FM -	· VHF							
	FM - UHF							1	
		IF							
	HF D	IGITAL							
	APRS/I	PACKET						1	
	CELL F	PHONE							
		REPEATER							
		RADIO							
PLEASE LIST FO	CC ASSINGED CALL SI		E EQUIPMENT:	<u> </u>					
				CIENCY: (PL	FΔSF FILL IN	ΙΔΙΙ)			
NO	TE: USE "0" IN AREA			•			ABLE TO TRAIN	OTHERS	
ITEM	SCORE		IT	EM	SCORE		IT	EM	SCORE
CPR			MAP / COMPASS				COMPUTER		
FIRST AID			HASTY TEAM				FIRST RESPONDER		
LOW ANGLE RESCU	E		TRACKING			<u> </u>	WILDERNESS F.R.		
HIGH ANGLE RESCU	E		COMMUNICATIONS				EMT-B		
WATER RESCUE			BASE CAMP				EMT-I		
HELICHOPTER			4WD SEARCH				EMT-P		
24 HR. SUMMER			ATV SEARCH						
24 HR. WINTER			GROUNI	D SEARCH					
NAVAGATION DAY	,		AIR S	EARCH					
NAVAGATION NIGH	Т		ELT / RDF	TRACKING					
SEARCH TECHNIQUE	ES .		INTER	RVIEWS					
	ARE YOU	J NEW MEXI	ICO FIELD CEI	RTIFIED?	YES		NO		
	CHECK	NIMS C	OURSES	BELOW	YOU HA	VE COM	PLETED		
ICS100 ICS20	•	ICS400	ICS700	ICS704	ICS800				
CHECK T	HE ARRL EN	MERGEN	CY COMM	1UNICATI	ONS COU	RSES YOU	J HAVE C	OMPLETE	D
	LEV	EL 1 🗀	LE	EVEL 2		LEVEL 3			
		PLE	ASE CHE	CK THOSE	THAT AF	PPLY	-		
STATE	OF NEW MEXI						IDENT COM	1MANDER	

SAR: APP Ver: 3/21/2012