



OLYMPIC MOUNTAIN RESCUE

Membership Application
(Revised 4/26/04)

COMPLETE, SIGN AND FOLLOW MAILING INSTRUCTIONS ON THE LAST PAGE

I. IMPORTANT INFORMATION (REQUIRED)

PERSONAL INFORMATION

NAME: _____

Mailing Address: _____

City: _____ STATE: _____ Zip: _____

HOME PHONE: _____ WORK PHONE: _____

Mobil PHONE: _____ PAGER: _____

FAX NUMBER: _____ DATE of BIRTH (MM/DD/YYYY) _____

E-Mail Address: _____

OCCUPATION: _____

Employer: _____

EMERGENCY CONTACTS

DOES THE MAIN EMERGENCY CONTACT HAVE LEGAL AUTHORITY TO ACT IN YOUR BEHALF? YES NO

NAME: _____ Relationship: _____

Mailing Address: _____

City: _____ STATE: _____ Zip: _____

HOME PHONE: _____ WORK PHONE: _____

Mobil PHONE: _____ OTHER: _____

ALTERNATE CONTACT: _____ PHONE: _____

II. MOTIVATION FOR JOINING OMR (REQUIRED)

PLEASE describe your motivation for joining Olympic Mountain Rescue

III. SKILLS ASSESSMENT (REQUIRED)

A. SEARCH & RESCUE: list your prior SEARCH AND RESCUE TRAINING AND EXPERIENCES, if ANY.
PLEASE include all applicable DATES AND NAMES of SAR ORGANIZATION.

B: PLEASE list all MEDICAL TRAINING AND CERTIFICATIONS, including EXPIRATION DATES:

III. SKILLS ASSESMENT (CONTINUED)

C: PLEASE LIST ANY OTHER RELEVANT CERTIFICATIONS AND LICENSES, IF ANY:

D. **Climbing Experience:** list your experience and any formal education in climbing. Please include a Climbing resume that details the peak, route and date climbed and comments. Attach this on separate sheet if necessary.

III. SKILLS ASSESSMENT (CONTINUED)

E. **Other Outdoor Experience:** PLEASE LIST YOUR PAST EXPERIENCE WITH BACKPACKING, HIKING, CROSS COUNTY SKIING, SKI MOUNTAINEERING, KAYAKING, RAFTING, ETC.

IV. EQUIPMENT OWNED (REQUIRED)

PLEASE INDICATE THE EQUIPMENT YOU OWN:

- | | | |
|--|--|--|
| <input type="checkbox"/> SNOW CLIMBING BOOTS | <input type="checkbox"/> TENT | <input type="checkbox"/> SLEEPING BAG |
| <input type="checkbox"/> HELMET | <input type="checkbox"/> CRAMPONS | <input type="checkbox"/> PACK |
| <input type="checkbox"/> GPS | <input type="checkbox"/> ALTIMETER | <input type="checkbox"/> COMPASS |
| <input type="checkbox"/> ICE AXE | <input type="checkbox"/> THERMAL PAD | <input type="checkbox"/> AVALANCHE TRANSCIEVER |
| <input type="checkbox"/> CHEST HARNESS | <input type="checkbox"/> WAIST HARNESS | <input type="checkbox"/> BACKCOUNTRY SHOVEL |
| <input type="checkbox"/> BIVOUC SACK | <input type="checkbox"/> SNOWSHOES | <input type="checkbox"/> AVALANCHE PROBE |
| <input type="checkbox"/> SKIS/SNOWBOARD (DESCRIBE) | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE LIST AND OTHER RELEVANT EQUIPMENT THAT YOU OWN.

V. NON-MOUNTAINEERING SKILLS (REQUIRED)

PLEASE DESCRIBE ANY NON-MOUNTAINEERING SKILLS OR RESOURCES THAT WILL BENEFIT OMR:

VI. QUESTIONS (REQUIRED)

PLEASE ANSWER THE FOLLOWING QUESTIONS.

CAN YOU LEAVE WORK FOR OMR MISSIONS ON WEEKENDS? _____

CAN YOU LEAVE WORK FOR OMR MISSIONS DURING THE WEEK? _____

CAN YOU ATTEND MONTHLY MEETINGS AND TRAININGS AS REQUIRED? _____

Will your physical condition allow you to participate in the demanding activities encountered during mountain rescue missions? _____

Will you keep the OMR Board informed of any changes in your address, phone number, status and availability? _____

VII. APPLICANT STATEMENT OF TRUTH AND ACCURACY (REQUIRED)

By my signature below, I hereby verify that the information I provided to Olympic Mountain Rescue is to the best of my knowledge true and correct. I also declare that I am in good physical condition and have no illness or handicap, which impairs my ability to participate in physically and emotionally demanding activities.

PRINT NAME: _____ (legibly)

SIGNATURE: _____ DATE: _____

VIII. OMR MEMBER ENDORSEMENT

I hereby endorse the above applicant for membership in Olympic Mountain Rescue.

OMR MEMBER ENDORSEMENT _____ DATE: _____

I hereby endorse the above applicant for membership in Olympic Mountain Rescue.

OMR MEMBER ENDORSEMENT _____ DATE: _____

IX. SUBMITAL (REQUIRED)

Please mail your completed application to:
OLYMPIC MOUNTAIN RESCUE
P.O. BOX 4244
BREMERTON, WA 98312
ATTN: MEMBERSHIP CHAIR
Or submit at the monthly meeting

X. APPLICATION INFORMATION (to be filled out by OMR Board of Directors)

Application received _____ DATES of applicant attending THREE MEETINGS _____

BOARD RECOMMENDATION ON _____ TEAM VOTE: approval / denial DATE: _____

