



OLYMPIC MOUNTAIN RESCUE

Membership Application
(Revised 6/6/14)

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: _____

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:

C: Please list any other relevant certifications and licenses, if any:

III. SKILLS ASSESMENT (Continued)

- 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 ASSESMENT (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 Transceiver |
| <input type="checkbox"/> Chest Harness | <input type="checkbox"/> Waist Harness | <input type="checkbox"/> Backcountry Shovel |
| <input type="checkbox"/> Bivouac Sack | <input type="checkbox"/> Snowshoes | <input type="checkbox"/> Avalanche Probe |
| <input type="checkbox"/> Skis/snowboard (describe) | <input type="checkbox"/> | <input type="checkbox"/> |

Please list any 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. 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*

IX. APPROVAL (To be completed by OMR Board of Directors)

Application received: _____

Board recommendation vote and classification: _____

Team vote and classification: _____