



# APPLICATION FOR MEMBERSHIP

to

## MIDDLE CREEK SEARCH & RESCUE

P.O. Box 701, Ephrata, PA 17522

### Type of Application

Full Member \_\_\_ Associate Member \_\_\_

### Personal Information

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Business Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Pager Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone Carrier (ATT, Verizon, Sprint, etc...) \_\_\_\_\_

Email Address \_\_\_\_\_

Amateur Radio Call Sign \_\_\_\_\_

Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Do you have any criminal convictions other than summary offenses? Y N

If yes, please explain \_\_\_\_\_

### EMPLOYMENT

Employer \_\_\_\_\_

Address \_\_\_\_\_

Working Hours \_\_\_\_\_

Are you available for emergency response during working hours? Y N

If you are under 18 years of age, do you have working papers? Y N

**TRAINING**

Please list any training or experience you have in Search & Rescue, First Aid, EMT, Fire Fighting, Military Service, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH**

Due to the passage of the Health Insurance Portability and Accountability Act of 1996 Middle Creek Search and Rescue has chosen to eliminate this section from our application. Remember, search and rescue can be a very stressful and strenuous activity. Missions typically involve high emotional and physical stress, sleep deprivation, and demanding outdoor activity. YOU MUST KNOW YOUR LIMITS AND KNOW WHEN TO STOP. DO NOT PUT YOURSELF OR OTHERS IN DANGER. Middle Creek Search and Rescue advises all members to voluntarily carry an emergency medical information card. You are applying for membership at your own risk.

**EMERGENCY CONTACT INFORMATION**

In case of EMERGENCY notify:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

**AUTHORIZATION**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for refusal of membership from Middle Creek Search & Rescue. (Jr. Members: Application must include copy of working papers and signature of parent or guardian.)

**PLEASE SUBMIT WITH A CHECK FOR \$10.00 PAYABLE TO MIDDLE CREEK SEARCH & RESCUE. CHECK WILL BE RETURNED IF APPLICATION IS DENIED**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

(if under 18 years of age)

Date \_\_\_\_\_ Signature of Guardian \_\_\_\_\_

***Official Use Only***

Date Accepted \_\_\_\_\_ Signature of Chief/Deputy \_\_\_\_\_  
PIN \_\_\_\_\_