



Sitka Mountain Rescue Team
330 Harbor Drive
Sitka, Alaska 99835
Application for Membership

Date: _____

Personal Information

Name (First/Middle/Last): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Date of Birth: _____ E-Mail Address: _____

Occupation: _____

Employer: _____

Alaska Driver License Number: _____ Exp. Date _____

Do you have any physical conditions, which may limit your ability to perform the duties for the position, which you have applied? Yes No (Explain) _____

Relevant Personal Medical Information (e.g. Allergies, Hypersensitivity to Bee Stings, etc.) – Voluntary:

List your experience with Backpacking, Hiking, Wilderness Travel, Mountaineering and Wilderness Navigation.

List your prior Search and Rescue training and/or experience, if any. Please include locations and names of SAR unit(s).

Please list all medical training and certifications achieved, including expiration dates.

Please indicate the equipment you own:

- | | | | |
|---------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Backpack | <input type="checkbox"/> Compass | <input type="checkbox"/> Sleeping Bag | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Hiking Boots | <input type="checkbox"/> GPS Receiver | <input type="checkbox"/> Camp Stove | <input type="checkbox"/> Headlamp |
| <input type="checkbox"/> Rain Gear | <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Wilderness Clothing | |

Emergency Contacts

Does the emergency contact have legal authority to act in your behalf? Yes No

Name: _____ Relationship: _____

Home Phone:(____) _____ Work Phone: (____) _____

Cell Phone: _____ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Alternate Contact: _____ Phone:(____) _____

Please provide three references:

Name Phone Number Occupation

Name Phone Number Occupation

Name Phone Number Occupation

Why did you choose to apply for membership with the Sitka Mountain Rescue Team and what are your interests? (i.e. specialize in K-9, High Angle Rescue, Support etc.)_____

Signature of Applicant: _____ Date: _____

Please submit this application at the Harrigan Centennial Hall Office at 330 Harbor Drive. A Sitka Mountain Rescue Team officer will contact you to schedule an interview.

This section for SAR Officers:

Background and personal references checked

Interview conducted by SAR Officers

Application Complete

SAR Lieutenant: Approved Disapproved / signature_____

SAR Lieutenant: Approved Disapproved / signature_____

Approved Date: _____ Director of SAR_____

Rejected Date: _____ Director of SAR_____

Reason application rejected:_____