



Cayuga County Highland Search & Rescue

P.O. BOX 153
Auburn, NY 13021



Application for Membership

Name: _____ Sex: M ___ F ___ Over 18: Y / N

Address _____ City: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Military Service: _____ Type of Discharge: _____

Emergency Contact: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Last Physical: _____ Physician: _____ Phone: _____

List any physical limitations or allergies: _____

Have you ever been convicted of a crime? Y / N If yes, please explain: _____

List previous relevant training: _____

Certifications: CPR ___ 1st AID ___ CFR ___ EMT ___ AEMT ___ Paramedic ___ DEC Wildlands ___
OTHER _____

Relevant Equipment Owned: _____

Reason(s) for Applying: _____

Please list 3 personal references (name & Phone):

- 1. _____
- 2. _____
- 3. _____

I certify that all the above information is correct and factual to the best of my knowledge. My signature on this form gives my consent for the possibility of a background check if deemed necessary by the Executive Board of Cayuga County Highland Search & Rescue, Incorporated.

Signature: _____ Date: _____

Please mail completed application to the address listed at the top of this application or hand deliver to a CCHSAR member.

For Executive Board Use Only

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Interview Date: _____ Date Voted In: _____ Orientation Dates: _____

Current Years Dues Required? Y / N Date Paid: _____ Amount: \$ _____

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I have received, read and understand the CCHSAR's By-Laws, Code of Ethics and Operating Procedures and agree to abide by same. I understand that my failure to do so, or by giving false information on the membership application could result in dismissal from Cayuga County Highland Search & Rescue, Incorporated.

Signature: _____ Date: _____

Coordinator: _____ Date: _____

Training Officer: _____ Date: _____