



INSAR Trainee Application

INSAR and the Department of Emergency Management are the only ones who will see this information

Application Date: _____

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email Address: _____

Occupation: _____

Employer: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Would you be able to leave work to respond to a search mission? **Yes** **No**

Are you currently working in or with another SAR group? **Yes** **No**

Have you worked with any other SAR groups in the past? **Yes** **No**

If so, which group(s) have you worked with and in what capacity?

Please give a brief description of your experience in the following areas:
(If you have limited or no experience please say so.)

Day Hiking: _____

Backpacking: _____

Mountaineering: _____

Rock Climbing _____

Backcountry Skiing: _____

Snow Shoeing: _____

Orienteering: _____

Avalanche Safety: _____

Ground SAR Activities: _____

Water SAR Activities _____

Search Dog Activities: _____

Rough Land Evacuation: _____

High Angle Rescue: _____

Low Angle Rescue: _____

Swift Water Training: _____

What is the highest level of medical training that you have achieved?

(Please list expiration dates for any cards or licenses that you may have. If you are an active instructor for any of the following please note this.)

- CPR
- Basic First Aid
- Advanced First Aid
- Mountain Oriented First Aid
- DOT First Responder or Wilderness First Responder
- OEC (Outdoor Emergency Care) Are you currently in Ski Patrol? **Y / N**
- EMT – Are you currently working as an EMT? **Y / N**
- Paramedic – Are you currently working as a paramedic? **Y / N**
- RN – Specialty _____
- MD - Specialty _____

Medical Information

Do you have any disabilities that might stop you from being in the field during a search? **Yes** **No**

If so, what are they _____

Do you have any allergies? **Yes** **No**

If so, what are they _____

Are you currently taking any medication? **Yes** **No**

If so, what are they ... _____

Do you have any serious medical conditions? **Yes** **No**

If so, what are they ... _____

Advertising Information

Where did you hear about our team?

Signature _____ **Date** _____

Please submit applications via email to info@insar.us or bring a completed application to our next monthly meeting. Meeting location information can be found at www.insar.us.