

## APPLICATION FOR MEMBERSHIP TAOS SEARCH AND RESCUE

**VOLUNTEERS SAVING LIVES SINCE 1978** 



Please Print		R Office Use Only - ials of Board Directors														
		Name: Date:														
ABOUT YOU	Date of Birth: Gender: M F Prefer not to say Heig						ht:		Weight:							
ADDRESS	Mailing:				City:					Zip:						
	Street:					City:					Zip:					
	How long in NM? Prior state of residence?															
CONTACT INFORMATION	Home Phone:					Emergency			Name:	Name:						
	Work Phone:								Relation	Relationship:						
	Cell Phone: Phone:															
	Email:															
OTHER INFO	NM Driver's License #: Ow							vn V	vn Vehicle? Y N							
	Au	ito Insurance?	γ	N	M	arrie	ed? Y	Ν		Ch	ildre	n? Y	N	<u> </u>		
OCCUPATION											-					
CURRENT EMPLOYER	Name: Phone:															
PREVIOUS EMPLOYER	Name: Phone:															
SAR EXPERIENCE																
REFERENCES 3 minimum (PERSONAL OR PROFESSIONAL REFERENCES ONLY—NO RELATIVES, SPOUSES OR DOMESTIC PARTNERS)	1 Name		Occ n/T	upatio itle	Relationship to applicant		Но	Home/Work Ph		one: Cell Phone:						
	2 Name			Occ n/T	upatio itle	Relationship to applicant			Ho	Home/Work Pho			one: Cell Phone:			
	3 Name			Occ n/T	upatio itle	Relationship to applicant			Но	lome/Work Phone:			Cell Pho	one:		
	Medical Certifications:															
MEDICAL	Medical Issues:															
	Allergies (please list all known, e.g., bees, poison ivy, food, medications, etc.):															
SKILLS	What skills do you have that might be useful to TSAR?															
EQUIPMENT	What equipment do you own that might be useful in search and rescue?															



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SAR INTERESTS Please check all that apply	Base Bike		Ground	Swiftwater		
			К9	Tech		
	Drone		Medical	Tracking		
	Equine		OHV	Winter		

## NARRATIVE

Please tell us below in half a page or more why you would like to join Taos Search and Rescue.