



Randall Adventure Training Search and Rescue

Membership Application

*Please print legibly and complete all fields possible. **A copy or photo of your driver's license should accompany this application.***

For additional information about RAT-SAR, refer to <http://ratsar.org/>

General Information

Name: _____
First Middle Last

Address: _____
Street City State Zip

Date of Birth: _____ Email: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Provider: _____

Accident contact, notify: _____ Relation? _____

Training Information *Please check all that apply.*

Land Navigation

Search and Rescue (SAR) Level? _____

Radio/Comms Tech or General License? _____

Single Rope Technique

Ropes Rescue Training

Please list particulars of any training checked above (where/when) or any additional applicable training: _____

Medical Training

☐

CPR

☐

Basic First Aid

List any medical certifications with state license numbers if applicable, as well as any other medical training: _____

Personal Experience and Equipment

Fire / Rescue / EMS agencies to which you belong? _____

How long have you worked in one or more of these fields? _____

Personal Equipment (check all you own)

Helmet with Light

Mobile Radio(s)

Safety / Ropes Harness

Rope Descending / Ascending Systems

Off-Road Vehicle Please list type: _____

Additional Equipment? _____

Why do you want to join RAT-SAR? _____

RAT-SAR Use Only

Date received: _____

Approval or Denial Date: _____