



APPLICATION FOR MEMBERSHIP-PENNSYLVANIA CANINE SEARCH AND RESCUE (PACSAR)

Type of Application

Full Voting Member

Associate Member

Personal Information

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Social Security Number - - (Required for Background Check)

Home Phone Number (____) ____ - _____

Business Phone Number (____) ____ - _____

Pager Phone Number (____) ____ - _____

Cell Phone Number (____) ____ - _____

Cell Phone Carrier (ATT, Verizon, Sprint, etc...) _____

Email Address _____

Amateur Radio Call Sign _____

Birth Date _____ Height _____ Weight _____

Hair Color _____ Eye Color _____

Do you have any criminal convictions other than summary offenses? Y N

If yes, please explain _____

EMPLOYMENT

Employer _____

Address _____

Working Hours _____

Are you available for emergency response during working hours? Y N

TRAINING

Please list any training or experience you have in Search & Rescue, First Aid, EMT, Fire Fighting, Military Service, etc. _____

CANINE

Breed _____ Age _____ Gender _____

How long have you been training for SAR? _____

Qualifications-Please check the following if you are certified.

Certifying Organization

First Aid/CPR	<input type="checkbox"/>	Trailing	<input type="checkbox"/>
Canine First Aid	<input type="checkbox"/>	Tracking	<input type="checkbox"/>
IS-100	<input type="checkbox"/>	Air Scent	<input type="checkbox"/>
IS-200	<input type="checkbox"/>	Other	<input type="checkbox"/>
IS-700	<input type="checkbox"/>	Please explain:	
IS-800	<input type="checkbox"/>		

HEALTH

Due to the passage of the Health Insurance Portability and Accountability Act of 1996 Pennsylvania Canine Search and Rescue has chosen to eliminate this section from our application. Remember, search and rescue can be a very stressful and strenuous activity. Missions typically involve high emotional and physical stress, sleep deprivation, and demanding outdoor activity. **YOU MUST KNOW YOUR LIMITS AND KNOW WHEN TO STOP. DO NOT PUT YOURSELF OR OTHERS IN DANGER.** Pennsylvania Canine Search and Rescue advises all members to voluntarily carry an emergency medical information card. You are applying for membership at your own risk.

EMERGENCY CONTACT INFORMATION

In case of EMERGENCY notify:

Name _____ **Address** _____

Phone _____

Name _____ **Address** _____

Phone _____

AUTHORIZATION

I authorize full investigation of all statements contained in this application including a criminal background check. I understand that misrepresentation or omission of facts is cause for refusal of membership from Pennsylvania Canine Search & Rescue.

PLEASE SUBMIT WITH A CHECK FOR \$15.00 PAYABLE TO *PENNSYLVANIA CANINE SEARCH & RESCUE, PO BOX 673, ADAMSTOWN, PA 19501*. THIS FEE IS NON-REFUNDABLE.

Date _____ Signature of Applicant _____

<i>Official Use Only</i> Date Accepted _____ Signature of Chief/Deputy _____ PIN _____
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