

# Yawgoo Valley Search & Rescue (YVSAR) Membership Application Form

Please print then mail completed form to:

Yawgoo Valley Search & Rescue, Inc.  
c/o 160 Yawgoo Valley Road, Exeter, RI 02822  
INCLUDE COPIES OF CURRENT CERTIFICATION & LICENSES

### Please Print

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Student:  Yes  No  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 If Student, School \_\_\_\_\_ Grade/Year/Degree \_\_\_\_\_

### First Aid/Medical/SAR/Special Skills Courses & Training (send copies of licenses)

None  \_\_\_\_\_  
 Emergency Medical Training (level (EMT, RN, MD, lic no & exp date) \_\_\_\_\_  
 SAR Training (level, lic. no. & exp. date) \_\_\_\_\_  
 ICS Training (level, lic. no. & exp. date) \_\_\_\_\_  
 FF/Rescue Training (level, course & date) \_\_\_\_\_  
 Communications (Ham, etc., level, lic. no) \_\_\_\_\_  
 Special Skills Training (level, lic. no & exp. date) \_\_\_\_\_

### YVSAR Interest Areas (check multiple items as appropriate)

Medical Response Team (MRT)  
 Search and Rescue Teams (medical support)  
 Disaster Response (ICS, evacuation and medical coverage)  
 Large public gatherings/special events (ICS and medical coverage)

National Ski Patrol (requires taking or challenging OEC exam)  
 New Applicant  
 Transfer from another patrol: Patrol \_\_\_\_\_ NSP Number \_\_\_\_\_  
 Reinstatement – Last year patrolling \_\_\_\_\_ Last OEC Date \_\_\_\_\_

Number of Seasons Downhill Skiing/Boarding Experience \_\_\_\_\_  
 Skiing Ability - Novice  Intermediate  Advanced  Expert

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## Other Information

Do you have any physical disabilities that would prevent you from lifting heavy objects? Y N

Do you have any physical disabilities that would limit physical activities? Y N

Date of last physical \_\_\_\_\_

Any medications you wish to bring to our attention \_\_\_\_\_

Any allergies you wish to bring to our attention \_\_\_\_\_

Physician (Name, Phone#) \_\_\_\_\_

Emergency Contact (Name, Phone#, Address) \_\_\_\_\_

Reference/Referral Name & Phone \_\_\_\_\_

I hereby apply for membership in the Yawgoo Valley Search and Rescue, Inc. I have read the requirements and pledge to fulfill them. I agree to a background check conducted by either the YVSAR or its approved delegates. Upon attaining registered membership, I pledge to respect the privileges of both the Medical Response Team and Ski Patrollers, obtain and wear the appropriate uniforms while on duty after my candidacy. I also agree not to drink alcoholic beverages nor be under the influence of alcohol, drugs and/or medications at least eight (8) hours prior to or while on duty or when wearing any YVSAR or NSP attire.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if a minor) \_\_\_\_\_ Date \_\_\_\_\_