

# Blue Ridge Mountain Rescue Group

P.O. Box 440  
Newcomb Station  
Charlottesville, Virginia 22904



## Record of Membership

### Personal Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
FIRST M.I. LAST

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET, P.O. BOX, APT #, etc. CITY STATE ZIP

Home Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Vehicle Information

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Capacity: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_  2x4  4x4  CB Radio

### Emergency Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you wear prescription Glasses / Contacts?  Yes  No

Medical Conditions (include allergies & medications): \_\_\_\_\_

### Certification & Experience Information

**MEDICAL** List and attach a copy of any certification(s) you hold, to include expiration dates (if any)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OUTDOOR/SEARCH & RESCUE

<input type="checkbox"/> Backpacking	<input type="checkbox"/> Camping	<input type="checkbox"/> Caving	<input type="checkbox"/> Climbing (rock/ice)
<input type="checkbox"/> Hiking	<input type="checkbox"/> Military Service	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Rappelling
<input type="checkbox"/> Scouts (Boy/Girl)	<input type="checkbox"/> Other _____		

  

<input type="checkbox"/> CQ	(Month / Year Certified) _____ / _____	<input type="checkbox"/> IC (III, II, or I)	(Month / Year Certified) _____ / _____	Technical Rescue:	(Month / Year Certified) _____ / _____
<input type="checkbox"/> FTM	_____ / _____	<input type="checkbox"/> Sign Cutting	_____ / _____	<input type="checkbox"/> Cave	_____ / _____
<input type="checkbox"/> FTL	_____ / _____	<input type="checkbox"/> Dog Handler	_____ / _____	<input type="checkbox"/> Vertical	_____ / _____
<input type="checkbox"/> IS	_____ / _____	<input type="checkbox"/> Tracker	_____ / _____	<input type="checkbox"/> Water	_____ / _____

List any additional outdoor/SAR experience or certification(s) you have

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Blue Ridge Mountain Rescue Group

P.O. Box 440  
Newcomb Station  
Charlottesville, Virginia 22904



What is your current occupation? \_\_\_\_\_

Are you currently volunteering with any other organizations?  Yes  No If yes, please list:

Do you have experience in any of the following areas?

**Computers**

- Data Analysis
- Database Management
- Graphics/Design
- Spreadsheets
- Word Processing
- Other \_\_\_\_\_

**Financial**

- Budget Planning
- Fundraising
- Taxes/Auditing
- Other \_\_\_\_\_

**Public Relations**

- Advertising
- Media
- Public Speaking
- Other \_\_\_\_\_

**Teaching**

- Children
- Teens
- Adults

Would you be willing to instruct others in your area(s) of expertise or training?  Yes  No

**Waiver: READ THE FINE PRINT!!!**

The undersigned applicant acknowledges that he or she applies for membership in the Blue Ridge Mountain Rescue Group with full knowledge of the dangerous conditions and the risks associated with the activities of and training for search and rescue operations, and that he or she assumes sole and entire responsibility for any property damage or any loss of life or injuries that he or she may sustain in connection therewith. In consideration of the privilege of training and participation with said group, the applicant agrees to release the Blue Ridge Mountain Rescue Group, the Appalachian Search and Rescue Conference, Inc., their directors, officers, representatives, or agents, or their membership from liability for any loss of life or injuries to the applicant or any damage to his or her property resulting from any cause whatsoever in connection therewith.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian if Applicant under 18

\_\_\_\_\_  
Date

**BRMRG TRAINING USE ONLY**

<u>Training Qualifications</u>	Date	Initial		Date	Initial	<u>Dispatch Qualifications</u>	Date	Initial
Record of Membership	_____	_____	ICG	_____	_____	Dispatch Trainee	_____	_____
Ten Essentials	_____	_____	BRMRG Vote	_____	_____	Apprentice Shift	_____	_____
CQ Workshop	_____	_____	ASCR Vote	_____	_____	Dispatch Shift	_____	_____
Callout Qualified	_____	_____	Incident Commander-III	_____	_____	Dispatch Test	_____	_____
FTM Testing	_____	_____	BRMRG Vote	_____	_____	Dispatch Officer	_____	_____
BRMRG Vote	_____	_____	ASRC Vote	_____	_____	Dispatch Supervisor	_____	_____
Field Team Member	_____	_____	Incident Commander-II	_____	_____	AO Class	_____	_____
FTL Testing	_____	_____	BRMRG Vote	_____	_____	BRMRG Vote	_____	_____
BRMRG Vote	_____	_____	ASRC Vote	_____	_____	ASRC Vote	_____	_____
Field Team Leader	_____	_____	Incident Commander-I	_____	_____	Alert Officer	_____	_____
MSO/MSF	_____	_____						
PSO/SOS	_____	_____				<u>Other Qualifications</u>		
BRMRG Vote	_____	_____				Field Team Signcutter	_____	_____
Incident Staff	_____	_____				Hug-A-Tree	_____	_____