

Southwest Rescue Dogs, Inc.

Application for Membership, Waiver & Agreement

1. General Information:

Date of Application: _____

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Email: _____

Date of Birth: _____ Cell Phone: _____

Drivers License # _____ State _____ Expiration _____

Employer: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Work Phone: _____

Allergies: _____

Emergency Contact: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone # _____

3. Response Information: I can respond to a call-out on: (check appropriate boxes).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Night							

4. Meeting & Training Attendance:

a) Can you attend Trainings on the 1st and 3rd Sundays of each month?

Yes _____ No _____

b) Can you attend SRDI General Meetings on the 2nd Wednesday evening of each month?

Yes _____ No _____

c) Do you have a vehicle that can travel in mild off-road conditions?

Yes _____ No _____

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5. Experience:

a) Have you ever had to spend an unexpected night outside? Yes _____ No _____

b) I normally participate in the following activities: (Check the appropriate items)

- Hiking Camping Backpacking
 Hunting Fishing Climbing
 Horse riding Skiing Caving
 Orienteering Canoeing Others _____

6. Equipment: I have the following equipment: (Check the appropriate items)

- Hiking boots Back pack Sleeping bag Tent Outdoor clothing
 Other: _____

7. What is your current level of medical training? (Check the appropriate items)

- CPR EMT Other _____ Expiration Date: _____

8. List any other skills you may have: _____ _____

9. Interests: There are many activities within the SRDI organization, please check the items that would interest you:

- Safety Education Training
 Medical Map & Compass Technical (Rope Work)
 Administration Public relations Fund raising
 Newsletter Communications Other (explain) _____

10. Personal Fitness: Are you physically fit enough to participate in Search and Rescue functions?

Yes _____ No _____

11. Medical History: List any significant medical conditions or necessary medications:

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SRDI Waiver And Agreement

Background: Have you ever been arrested for, or convicted of anything other than minor traffic violations? Yes() No (). Answering yes does not automatically disqualify you for membership; **however lying does.**

I grant permission for a background check as part of this application process.

Signature of applicant: _____, Date _____.

I, (Print your name) _____, am aware that while participating in any SRDI function that I may engage in activities that are inherently dangerous. These activities may include, but are not limited to: the hazards of traveling in an automobile or helicopter, performing Search and Rescue missions and training in mountainous and desert terrain in any weather conditions. I do these things entirely of my own initiative, risk and responsibility, and am asserting that I will do nothing that is beyond my training and/or expertise. Therefore, I do hereby for myself, my heirs, executors, and administrators, release and forever discharge Southwest Rescue Dogs, Inc., its members, officers, and agents from any and all claims, demands, actions, or causes, on account of my death or injury due to participating in SRDI activities.

I further realize that I must be in, and will maintain the physical condition necessary to participate in these activities. I understand that if I do not feel comfortable or competent in a given situation, it is my responsibility to withdraw from the activity immediately and in a safe manner. I also understand that there is a six month probationary period, and that my primary function is **to attend trainings, meetings, and learn; and that as a Candidate, I may be removed from membership at any time for lack of attendance or progress.** I understand and agree to this agreement and waiver. I have read, understand, and will adhere to the By-Laws, SRDI Policies, and instruction from the members of the Board of Directors of Southwest Rescue Dogs, Inc.

Applicant's signature: _____ Date: _____

Witness signature: _____ Date: _____

Accepted applicants will be notified within 30 days. Please submit the completed application with a \$50.00 application fee (check or money order made out to Southwest Rescue Dogs Inc.). If not accepted, your application fee will be returned.