

TIDEWATER SEARCH AND RESCUE GROUP

MEMBERSHIP APPLICATION

Type of Membership: <input type="checkbox"/> Active, <input type="checkbox"/> Supporting, <input type="checkbox"/> Affiliate, <input type="checkbox"/> Associate <i>See pg two for membership type descriptions.</i>	Date: ___ / ___ / ___
---	-----------------------

Last Name: _____ First: _____ MI: _____ Address: _____ City: _____ State: ___ ZIP: _____ - _____ Phone: Hm (____) _____ - _____ Pgr (____) _____ - _____ Wk (____) _____ - _____ Cell (____) _____ - _____ Cell phone Provider: _____ ie: <i>Sprint, AT&T, Alltel, etc</i> <i>Will you accept group business and mission related text messages?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mails: (primary) _____ (secondary) _____	DOB: ___ / ___ / ___ SSN: (Required) _____ - _____ - _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Glasses / Contacts: Y ___ N ___ Allergies: _____ Medications: _____ <i>All medical information is kept confidential</i>
---	---

Medical Training Certification: Expires: _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ Please submit copies of all certificates with application Front and back <i>I understand that it is my responsibility to achieve certification in First and CPR within one year of membership. _____ Initial</i>	SAR Certifications / Experience: (Yr/ Month certified) Please list any SAR Certifications or SAR courses you have attended. 1. _____ Dates: _____ 2. _____ 3. _____ 4. _____
--	---

Outdoor Experience: Hiking___, Backpacking___, Climbing___, Rappelling___, Mountaineering___, Caving___ Other: _____	Personal Gear: Camping___ Technical___ Radio Equipment: HAM __, VHF___, Other_____
--	---

Mission Availability: Full __, None __, Limited __ If limited, specify: _____ (ie: weekends, evenings, within 100 mile radius, etc)	Primary Transportation: Yr: _____, Make: _____ Model: _____, Color _____, Tags: _____ <i>This information is for emergency use only</i>
---	---

Please list an Emergency contact:
 Name: _____ Relationship: _____ Contact#: _____

Why do you want to do Search and Rescue? _____

What do you expect from TSAR? _____

<i>To be filled out by TSAR Officer:</i> Background Check Information Submitted by _____ (initial & date) All background information is strictly confidential	Routing: Operations: _____ Training: _____ Medical _____	Dues Paid: Yes ___ No ___ Date Paid ___ / ___ / ___ Cash __, Check __ Check # _____ Rcv'd by: _____
--	---	---

What is your current occupation? _____

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

Before signing this application we want to make sure that you understand the different classifications of membership. The following will elaborate on the selection you made on the first or front page of this application.

Active, those who have attained at least Field Team member (FTM) Qualification, who actively participate in searches and simulations, attend a minimum of 2 monthly non-qualification related weekend organized trainings per quarter, **attend a minimum 25% of monthly membership meetings in a given year and participate in group fund raising activities when able.** Application Fee \$30.00

Supporting, those who may or may not have attained qualifications, but who cannot pursue an active role in the group either temporarily or permanently; however, desire to maintain affiliation with the group and participate in group activities whenever possible. Application Fee \$30.00
Supporting members will not be called out on actual lost person or missing aircraft missions.

Affiliate Membership

Affiliate (Group)

An affiliate group is one, which has direct ties with Tidewater Search and Rescue Group but does not seek active status recognition. Groups seeking affiliate group membership must be brought before the board for discussion and be an active group in good standing with the states recognized search and rescue council, local municipality or other EMS support agency. Application Fee \$50.00

Affiliate member (Individual)

An affiliate member is an individual, who has a direct tie to Tidewater Search and Rescue Group, Inc. Individuals seeking affiliate membership must be brought before the board for vote and be an active member in good standing of a state recognized search and rescue organization. Application Fee \$30.00

Associate Member

An associate member is any person who is actively seeking membership with Tidewater Search and Rescue Group, Inc but has no intention of becoming an active field resource. Associate members may seek a restricted office within the organization and fulfill those duties and responsibilities as directed in the process manual. Associate members who wish to chair an office are limited to Finance, Documentation, Dispatch, and Medical. Application Fee \$30.00

Please submit this application in person at a regularly scheduled general membership meeting or monthly training with the applicable membership dues. (Cash or check only)

Signature: _____ Date: _____

TSAR
P.O. Box 3492
Norfolk, Va 23514-3492

ⁱ Groups seeking affiliate membership must be recognized as a search and rescue organization by either the Virginia Search and Rescue Council or local governing municipality. Organizations other than SAR groups, such as Fire/Rescue SAR teams, emergency communications groups, etc may petition the Tidewater Search and Rescue Group for membership.

The Tidewater Search and Rescue Group is an active member of the Virginia Search and Rescue Council. As such, and in conjunction with the rules and regulations governing EMS (Emergency Medical Services) agencies in the state of Virginia a background check must be performed on all new members. Please carefully read the information and sign where indicated in the presence of a witness. No person will be considered an active member of the organization (TSAR) until a favorable reply is received back from the background investigation.

Tidewater Search and Rescue Group, Inc.

12 VAC 5-31-910. Criminal or enforcement history.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
2. Has never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his or her care or protection in which the victim is a patient or is a resident of a health care facility.
4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during this time.
5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
6. Is not currently under any disciplinary or enforcement action from another EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.
7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

Signature of prospective Member _____ Date _____

Please print name _____

Witness Signature _____ Date _____

Relationship to signed person; _____

Both signatures must be signed at the same time and date.
Please make a copy for personal file.