



Cochrane Search and Rescue Association Membership Application Package

Thank you for your interest in Cochrane Search & Rescue Association. Now that you have completed your first step by attending a recruitment evening, please complete the required documentation in order for you to become a Member of Cochrane Search & Rescue Association.

This information must be presented in one complete package and can be either scanned and emailed to member_relations@cochranesearchandrescue.org, handed in in person to our Member Relations Team or posted to Box 1234, Cochrane, AB, T4C 1B3. Incomplete packages will not be processed.

Please use the following checklist to ensure that you have all documentation in order prior to submission:

1. Completed Application Form: _____
2. Provision of Criminal Record & Vulnerable Sector Check: _____
3. Signed Confidentiality Undertaking: _____
4. Signed CSAR Membership Rules Acknowledgement: _____
5. Signed CSAR Sections & Committees Acknowledgement: _____
6. Member Joining Fee of \$150¹: _____

Important Notes:

1. For January Intake all application packages must be completed and handed in to CSAR by the first day of January.
2. For June Intake all application packages must be completed and handed in to CSAR by the first day of April.
3. Cochrane Search & Rescue's Fundamentals Course is held every September

¹ Either cash or cheque made payable to 'Cochrane Search & Rescue'



**Cochrane Search and Rescue Association
Membership Application Form**

Application Date:	
Surname:	
First Name:	
Preferred Name:	
Date of Birth <small>(DD-MMM-YYYY)</small>	
Sex:	
Personal Email:	
Work Email:	
Home Phone:	
Cell Phone:	
Work Phone:	
Home Address:	
How did you hear about Cochrane Search & Rescue?	
<p>As you complete the following questions think about the potential change in lifestyle and whether your current lifestyle can support the commitment required from our volunteers. Please ask your recruiter about those commitments if you have not yet been informed.</p>	
Why do you want to be a part of Cochrane Search & Rescue?	

CSAR: Membership Application Form, continued.

What do you expect to gain from Cochrane Search & Rescue?	
Are you willing and able to:	
Attend monthly training and/or info sessions?	
Attend the two weekend SAR Fundamentals Course?	
Attend Public Awareness and Fundraising events?	
Actively participate in on of CSARs committees?	
Attend callouts 24 hours a day, 7 days a week, 365 days a year?	
Medical Information:	
Medications:	
Allergies:	
Conditions:	
Disabilities:	
Blood Type:	
Doctors Name:	
Doctors Phone #:	
Emergency Contact Information:	
Contact Person:	
Relationship:	
Phone # 1:	
Phone # 2:	
Drivers License:	
Licence #:	
Province:	
Endorsements:	

CSAR: Membership Application Form, continued.

Place of Employment:			
Employer Name:			
Title/Position:			
Contact Name:			
Contact Phone #:			
Personal Vehicular Resource Equipment:			
Vehicle:			
Capacity:			
Drive: <small>(2WD/AWD/4WD)</small>			
Tow Capacity:			
ATV?		Motorbike?	
Skidoo?		Mountain Bike?	
Aircraft?		Other:	
Special Skills & Training? <small>Copies of certification <u>must</u> be provided.</small>			
First Aid:		Ham Radio:	
H2S:		Scuba:	
Rope Rescue:		Swift Water:	
Tracking:		ATV Ops:	
K9:		Other:	
Other:		Other:	

CSAR: Membership Application Form, continued.

Other Qualifications:

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Any Other Information?

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Membership in other Clubs, Associations, Organizations, etc.:

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**Cochrane Search and Rescue Association
Confidentiality Undertaking**

The 'Undersigned' declares as follows:

1. I understand that there will be disclosed to me, information that is confidential and of the highest sensitive nature pertaining to Search arrangements on site communication between the R.C.M.P and Cochrane Search and Rescue Association, and also any business pertaining to the Cochrane Search and Rescue Association.
2. I will not disclose the nature or contents off any confidential information in these discussions to any person other than with the consent of the R.C.M.P and Cochrane Search and Rescue Association.
3. I understand that disclosure of any information, not authorized by the R.C.M.P and or the Cochrane Search and Rescue Association could lead to Criminal Prosecution and charges laid.
4. I will not post photos, videos or comments on any Social Media channel, website or other such platform that contains any of the above points and/or negative implication towards Cochrane Search and Rescue Association.

I will abide by the commitments made in this undertaking until Cochrane Search and Rescue Association releases me from these commitments. I agree that my obligation to maintain the commitments made in this undertaking will survive the termination of my membership with Cochrane Search and Rescue Association. I understand and agree that if I violate or breach the commitment made in this room, I will be subject to discharge.

Signed at _____ this _____ of _____ 200____
City/Town Day Month Year

Signature: _____

Print Name: _____

Witness Signature: _____

Witness Print Name: _____



Cochrane Search and Rescue Association Membership Rules Acknowledgement

I _____ hereby note that I have received via email and read, in its entirety, the document CSAR Membership Rules.

In doing so, I verify that I am able to commit to the requirements that are required of all CSAR Members and am aware that there is an opportunity to request accommodations if required.

My actions henceforth will be in accordance with the CSAR Membership Rules and By-Laws as referenced in this document. Should my actions, or lack thereof, result in becoming non-compliant, I acknowledge that the end result may be in my dismissal from CSAR.

Signed: _____

Date: _____ (month) _____ (day) _____ (year)



**Cochrane Search and Rescue Association
Sections and Committees Acknowledgement**

I _____ hereby note that I have received via email and read, in its entirety, the document CSAR Sections and Committees document.

In doing so, I verify that I am able to commit to the requirements that are required of all CSAR Members and am aware that there is an opportunity to request accommodations if required.

My actions henceforth will be in accordance with the CSAR Sections and Committees document and By-Laws as referenced in this document. Should my actions, or lack thereof, result in becoming non-compliant, I acknowledge that the end result may be in my dismissal from CSAR.

Signed: _____

Date: _____ (month) _____ (day) _____ (year)