



MONTGOMERY COUNTY SEARCH & RESCUE TEAM

MEMBERSHIP APPLICATION

PO BOX 75
MAGNOLIA, TX 77353
State Charter
12833901-1

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: CELL _____ HOME: _____

WORK _____ PAGER: _____

EMPLOYER: _____

Please answer the following questions so we can get to know you better:

List any special skills/training that would benefit the Search & Rescue Team. Please include any certifications and licenses.

List any animals and equipment you own or have ready access to (horses/horse trailer, certified search dog, ATV, Boat, CB Radio, GPS):

I PLEDGE MYSELF AND MY TIME FOR THE HELP OF OTHERS AND WILL ABIDE BY THE RULES AND REGULATIONS OF THE MONTGOMERY COUNTY SEARCH & RESCUE TEAM AS OUTLINED IN THE MOCSAR CONSTITUTION AND BY-LAWS AND ANY AND ALL FUTURE AMENDMENTS IN THE RULES AND REGULATIONS THEREOF. I GRANT PERMISSION FOR A CHECK OF MY TEXAS DRIVERS LICENSE.

DATE: _____ APPLICANT SIGNATURE: _____

1ST MEETING DATE: _____ 3RD MEETING/MEMBERSHIP DATE: _____

MONTGOMERY COUNTY SEARCH & RESCUE TEAM

MEDICAL INFORMATION

This information will remain confidential. Accurate and complete information is critical should there be a medical emergency at any event or call-out.

NAME _____ DOB _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

TELEPHONE# _____ ALTERNATE# _____

MEDICAL HISTORY

LIST ANY ILLNESS OR CONDITION: _____

ALLERGIES: _____

MEDICATIONS (PRESCRIPTIONS AND OVER-THE-COUNTER): _____

BLOOD TYPE _____

MEDICAL INSURANCE

NAME OF COMPANY: _____

I.D. NUMBER: _____ GROUP NUMBER: _____

CUSTOMER SERVICE TELEPHONE NUMBER: _____

SUBSCRIBER (IF NOT YOU): _____

PHYSICIAN/HOSPITAL INFORMATION

NAME OF PRIMARY CARE PROVIDER: _____

OFFICE PHONE NUMBER: _____

PREFERRED HOSPITAL: _____

AUTHORIZATION FOR RELEASE

OF PERSONAL INFORMATION

I, by my signature below, do hereby voluntarily authorize a review of and full disclosure of any criminal records concerning myself to a duly authorized agent of the Montgomery County Search & Rescue Team (Herein after referred to as MOCSAR), whether said records are public, private or of a confidential nature.

I understand that any information obtained by this background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for becoming or retaining membership with MOCSAR.

I further understand that any incorrect, misleading or untruthful statements may render this authorization void, and if I am placed in a volunteer position, would be just cause for terminating my volunteer position with MOCSAR. I hereby release MOCSAR and its authorized agents from any and all liability which may be incurred as a result of collecting such information.

I further attest that I have read and fully understand the contents of this "Authorization for Release of Personal Information".

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Legal Full Name: _____
(Full First) (Full Middle) (Legal last name)

Other names you may have used (include maiden name if applicable):

Date of Birth: _____
Month Day Year

Drivers License Number: _____ State: _____

I hereby acknowledge that this authorization is valid for a one (1) year period or until the investigation process has been completed, whichever is later. By my signature, I do attest that the foregoing is complete, accurate and true.

(Signature of Applicant)

(Date)