



APPALACHIAN MOUNTAIN RESCUE TEAM

Established 2013 ~ "Prorsum et sursum"

Membership Application

Updated 12/7/17



APPLICANT NAME: _____

MAILING ADDRESS: _____

CONTACT & PERSONAL INFORMATION

Primary Phone- _____ Secondary Phone- _____ Email- _____

DOB (MM/DD/YY)- _____ Social Security No- _____

Primary Street Address within response area*: _____

*currently defined as within 125 mile radius centered at Asheville, NC

By signing below, I testify this is my primary residence for at least 1 year following this application.

Medical conditions that could affect your ability to perform tasks as a member or of which we should be aware in case of emergency: _____

TB test completed within the last year (please attach record of this)

Hep B vaccination series completed (please attach record of this or evidence of declination)

CLIMBING/MOUNTAINEERING, RESCUE, OUTDOOR EXPERIENCE

NOTE: AMRT has no fixed experiential prerequisites and this is for informational purposes only.

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

EXISTING CERTIFICATIONS

Please list all relevant certifications, INCLUDING EXPIRATION DATES.

NOTE: AMRT has no certification prerequisites and this is for informational purposes only.

- AMGA:
- Non-Wilderness Medical:
- Wilderness Medical:
- Technical Rescue/SAR:
- Incident Command:
- Climbing:

OTHERS: _____

PLEASE ATTACH PHOTOCOPIES OF ALL CERTIFICATIONS, LICENSES, AND DEGREES

DRIVING AND CRIMINAL RECORD

Your driving record should be for the past 3 years and include each state in which you have lived.

Your criminal record should be for the past 5 years and include each state in which you have lived.

Driver's License #	State	Exp. Date	Have you been convicted of a traffic violation in the past five years? Y N
			Have you been convicted of a felony or misdemeanor? Y N
If Yes, please explain briefly on the bottom of the third page of this application.			

Please attach the following to this application:

- A photocopy of your driver's license
- A photocopy of your driving record (obtained from Department of Motor Vehicles)
- A photocopy of your criminal record (obtained from State of residence or online)

EMPLOYMENT HISTORY

Employer and Address (begin with most recent)	Position Held Dates (MM/YY – MM/YY)	Phone Number
Employer and Address	Position Held Dates (MM/YY – MM/YY)	Phone Number
Employer and Address	Position Held Dates (MM/YY – MM/YY)	Phone Number

