



APPALACHIAN MOUNTAIN RESCUE TEAM

Established 2013 ~ "Prorsum et sursum"

Membership Application

Updated 12/23/13



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 250 mile radius from 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

PERSONAL REFERENCES

In addition to contact information for **three** references, please attach **two** letters of recommendation in sealed envelopes. These letters can also be mailed separately to AMRT from the reference.

Name	Phone Number	Address / email
Name	Phone Number	Address / email
Name	Phone Number	Address / email

ADDITIONAL INFORMATION

Use the space below to clarify any previous questions, or provide any additional, pertinent information

RELEASE AND SIGNATURE

I, _____, do so hereby attest that I have honestly to the best of my knowledge made application to Appalachian Mountain Rescue Team for membership, and hereby grant release of my driving record and criminal history, which may be helpful in an investigation of my background as it pertains to membership to this organization.

Signature of Applicant

Date

MAIL COMPLETED APPLICATIONS WITH \$15 APPLICATION FEE* TO:
AMRT, PO BOX 8362, MORGANTON NC 28680

*Checks payable to AMRT. Application fee is non-refundable if application denied.

