



Olds Search and Rescue

Box 4283, Olds, Alberta, Canada T4H 1P8

Ph: (403) 556-5994

Membership Application



Full Given Names(1st,2nd etc): _____

Last Name: _____

Date of Birth: _____

Place of Birth: _____

Spouse or co-habitant: _____

Current mailing address: _____

E-mail (if any): _____

Home phone #: () _____

Employer: _____

Employer phone #: () _____

Valid drivers licence: " Yes " No If yes what class: _____

Will you employer allow your attendance to emergency call outs: " Yes " No

List any health or medical concerns we should know about: _____

List any training you have, skill, or equipment that can be a resource to the search and rescue effort: _____

I agree that should my participation with Olds Search and Rescue be found unsatisfactory by the group and/or the RCMP for cause, my membership will be terminated and all related search and rescue materials will be surrendered. All of the above information is current and true.

Signature of Applicant

Date

OSAR USE ONLY

Olds Search and Rescue approval
" Approved " Denied

Screening Committee Signature

Date: _____

RCMP USE ONLY

Indices " CPIC _____ Other _____
Checks " PIRS _____
" Approved " Denied

Detachment Member Signature

Date: _____