

Search & Rescue – Central Florida
830 Sunshine Lane | Altamonte Springs, FL 32714 | info@sarcf.com

Membership Application

▶ Send completed form with a **\$60.00** check for your first yearly membership dues ◀

Mr. Ms. Mrs.	First Name:	M	Last Name:	Weight:	Height:	Hair:	Eyes:
Mailing Address:				City / State / Zip:			
Daytime Phone:			Evening Phone:		Cell Phone:		Other Phone:
E-mail: Address:				Employed by:			
Birth Date:			Drivers Lic. # & State:		Health: (circle the most appropriate description for you) Fair Good Excellent		
Emergency Contact Name:				Relationship:		Phone:	

Do you have any medical conditions that our team should know about? If so, please list. (Use back if more space required.)

Have you ever been convicted of a crime against a child, family violence, or moral turpitude? [] No [] Yes If yes please explain.

Have you ever been convicted of a felony? [] No [] Yes If yes please explain. (Use back if more space required.)

Please Complete the Inventory Below - Check All the Apply to Your CURRENT Level of Certification

CPR-Cardiopulmonary Resuscitation Certification		NASAR - Personnel Certification	Other Training/Certifications (additional)
<input type="checkbox"/>	Heartsaver - American Heart Association	SAR TECH III	Structural Collapse Awareness
<input type="checkbox"/>	Heartsaver w/AED - American Heart Association	SAR TECH II	USA Boating License
<input type="checkbox"/>	Heartsaver w/AED + First Aid - American Heart Association	SAR TECH I	UAV Pilot License
<input type="checkbox"/>	Heartsaver w/AED + Pediatric - American Heart Association	SAR TECH EVALUATOR	Other:
<input type="checkbox"/>	Heartsaver w/AED + Pediatric + First Aid - American Heart Association	SAR TECH LEAD EVALUATOR	Are you a handler responsible for any canine resource(s) (used in the participation of search or rescue missions?)
<input type="checkbox"/>	CPR/AED – Adult - American Red Cross	CANINE EVALUATOR	
<input type="checkbox"/>	Standard First Aid with CPR/AED – Adult - American Red Cross	CANINE LEAD EVALUATOR	Yes
<input type="checkbox"/>	CPR/AED – Adult with CPR – Child and Infant - American Red Cross	TRACKER	No
<input type="checkbox"/>	No CPR Certification	WATER RESCUE - SWIFTWATER	
<input type="checkbox"/>	Other:	WATER RESCUE - FLOOD	
Advanced Medical Training/Certification		WATER RESCUE - PUBLIC SAFETY DIVE	Integrated Emergency Management Course
<input type="checkbox"/>	Certified First Responder (Advanced First Aider)	No NASAR Certification	ICS-100: Introduction to ICS
<input type="checkbox"/>	WFA - Wilderness First Aid	Other:	ICS-200: ICS for Single Resources and Initial Action Incidents
<input type="checkbox"/>	WFR - Wilderness First Responder	Other Training/Certifications	ICS-300: Intermediate ICS for Expanding Incidents
<input type="checkbox"/>	EMT - Emergency Medical Technicians	Air Boat Operator	ICS-400: Advanced ICS Command and General Staff—Complex Incidents
<input type="checkbox"/>	Paramedic	Amateur Radio License	IS-700.a NIMS An Introduction
<input type="checkbox"/>	Nurse Practitioner	Blood borne Pathogens Training	IS-701.a NIMS Multiagency Coordination System (MACS) Course
<input type="checkbox"/>	Registered Nurse	Community Emergency Response Team (CERT)	IS-702.a National Incident Management System (NIMS) Public Information S
<input type="checkbox"/>	Physician's Assistant	Crime Scene Preservation Training	IS-703.a NIMS Resource Management Course
<input type="checkbox"/>	Medical Doctor	Critical Incident Stress Awareness	IS-704 NIMS Communications and Information Management
<input type="checkbox"/>	No Advance Medical Certifications	DOT HazMat General & Security Awareness	IS-706 NIMS Intrastate Mutual Aid - An Introduction
<input type="checkbox"/>	Other:	Managing the Lost Person Incident	IS-800.B National Response Framework, An Introduction
<input type="checkbox"/>		Scuba Diving Certification	IS-809 Emergency Support Function (ESF) #9 – Search and Rescue
<input type="checkbox"/>		State of Florida Emergency Response Plan Awareness	No IS Certification

I agree to SAR-CF conducting a complete background check if applicable. I agree that no information with regard to searches will be released to any member of the news media, made public in any way or used for personal use of any kind. I agree that all information, paperwork, or equipment issued, etc. is the property of SAR-CF. I will take no photographs or video on any SAR-CF sanctioned searches or events, without the permission of authorizing personnel. I understand that any tip or information of any kind pertaining to a potential criminal case must be reported and that removal of anything from a search area may be considered interfering with a criminal investigation, a prosecutable offense. I agree to hold SAR-CF harmless with regard to any personal injury or injury/theft of equipment or personal property while volunteering for SAR-CF. By my signature below I accept these terms. Membership is a privilege that may be denied or revoked at any time.

Signature:	Date:
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Waiver of Liability and Hold Harmless Agreement

Search and Rescue of Central Florida

1. I _____, a **volunteer member** have been given the opportunity to participate in an organization that responds to missing persons, disaster relief and/or assisting local authorities (herein referred to as ACTIVITY).

2. As a member of Search and Rescue of Central Florida, I understand that I am subject to all Florida State Laws and the bylaws and standard operating procedures of Search and Rescue of Central Florida. Furthermore, I understand that I can be subject to disciplinary action in accordance with the bylaws of Search and Rescue of Central Florida for breach of state law, organizational by laws and/or standard operating procedures.

3. I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes Search and rescue of Central Florida and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

4. I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to risks involved in traveling to and within, and returning from, one or more states and/or counties; I understand that such travel may be by plane, train, hired bus, or other mode of transportation that may or not be owned or under the control of Search and Rescue of Central Florida. As a participant in ACTIVITY, I voluntarily choose to travel by these conveyances. Other risks associated with ACTIVITY include but are not limited to those risks associated with political, legal, social and economic conditions, different standards of design, safety and maintenance of buildings, public places and conveyances; and risks associated with local medical and weather conditions. I have made my own investigation of these risks, and I choose to voluntarily participate in said activity with full knowledge that said ACTIVITY may be hazardous to my property and me. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.

5. I agree to assume full responsibility for my safety and the safety of my property at all times including the time that I am transit to and from the ACTIVITY site. I

understand that I may be sometimes traveling in areas having higher than average rates for crime, especially theft of property. I further agree to assume full responsibility for my own safety and the safety of my property at all times while participating in said ACTIVITY.

6. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

7. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Florida.

8. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

SIGNED this ____ day of _____, _____ .

Participant: _____

Printed Name: _____

WITNESS: _____

Printed Name: _____