

Mountain Rescue Aspen
Support Membership Application

Name:
Home Phone:
Cell Phone:
Street:
City:
State:
Zip:
Email Address:
CO Driver's License Number
License Expiration:
Employer:
Work Phone:
Occupation:
Age:
Birth Date:
Height:
Weight:
Physical Limitations:
Pre-existing Medical Conditions:

Are you on any medication (please specify):

Emergency Contact Name:
Emergency Contact Phone:
Emergency Contact address:

Have you completed and attached ICS 100 exam: Yes () No ()

Have you completed and attached NIMS 700 exam: Yes () No ()

Please list any other ICS certifications.

Medical Certification (please attach copy):

How long have you been in the roaring fork valley?

As a support member, can you commit the time and energy required for missions and the necessary training required for the mountain rescue team. There will be an average of 3 trainings per month and general meetings are held on the first Monday of each month.

Yes () No ()

Have you signed the attached Waiver? Yes () No ()

Please list previous employers, positions and references (include phone numbers) over the last 3 years:

Please list any disciplinary actions from previous employers including but not limited to suspension and/or dismissal.

Short essay:

**Why do you want to be a member of Mountain Rescue Aspen?
What knowledge, skills, abilities and characteristics do you possess that you think will contribute to Mountain Rescue Aspen's Team (feel free to write on the back):**

If approved as a team member, I _____ agree to fulfill my obligations to the organization as well as:

- (a) Adhere to the By-Laws of the Team
- (b) Adhere to the policies and procedures of the Team
- (c) Respect the ethos of the team

By signing this application, I am stating that all the information above is correct and factual.

Signature of Applicant

Date