



MARYLAND SEARCH AND RESCUE / VENTURE CREW 616

New Member Basic Information Form

Thank you for joining MSAR. Please fill out this form and return it to the MSAR Membership Coordinator either electronically or in paper format.

Youth (14-18)

Adult (mark one)

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Cell Phone Carrier:** _____

Alternate Phone: _____ **Date of 1st meeting:** _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Phone: _____ **Emergency Contact Email:** _____

Vehicle Information- Make: _____ **Model:** _____ **Year:** _____

Color: _____ **License Plate (state):** _____

What do/did you do for a living? (if applicable) _____

Any Search and Rescue certifications or previous experience?

What is your outdoor experience?

What is your medical experience, any certifications?