



COMMSAR Volunteer Application

Name: _____

Address: _____

City _____ ST _____ Zip _____

E-Mail Address: _____

Cell Phone(s): _____

Home/Other Phone: _____

Age: _____ Marital Status: _____

Certifications:

- | | | |
|---|---|--|
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Incident Command | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Mental Health Prof. | <input type="checkbox"/> HAM Radio |
| <input type="checkbox"/> Paramedic/RN | <input type="checkbox"/> C.E.R.T. | <input type="checkbox"/> Search & Rescue |
| <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Pilot License | <input type="checkbox"/> Wilderness Rescue |
| <input type="checkbox"/> ALS/BLS Instructor | <input type="checkbox"/> Boating Safety License | <input type="checkbox"/> SCUBA |
| <input type="checkbox"/> Fire Fighter | | <input type="checkbox"/> Other _____ |

Other Expertise:

- | | | |
|---|---|---|
| <input type="checkbox"/> Seasoned Outdoorsman | <input type="checkbox"/> Technical Communications | <input type="checkbox"/> Man-Tracking |
| <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Information technology (IT) | <input type="checkbox"/> Dispatching |
| <input type="checkbox"/> Wilderness Survival | <input type="checkbox"/> Ski/Snowshoeing (with equipment) | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Topography/Nav. | <input type="checkbox"/> Swiftwater Rescue | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Canine Search/Rescue | | <input type="checkbox"/> Accounting |
| | | <input type="checkbox"/> Other _____ |

COMMSAR Volunteer Application—CONTINUED

Current or Retired Organization Affiliation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Search & Rescue group | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Coast Guard Auxiliary |
| <input type="checkbox"/> EMS _____ | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chaverim/Shomrim | <input type="checkbox"/> American Red Cross | |
| | <input type="checkbox"/> Military | |

Access to Equipment (personal):

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> ATV | <input type="checkbox"/> Drone | <input type="checkbox"/> Motor Boat |
| <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Horses | <input type="checkbox"/> Canoe/Kayak |
| <input type="checkbox"/> Helicopter/Airplane | <input type="checkbox"/> Rope Rescue | <input type="checkbox"/> Other _____ |

Do you have valid driver's license **AND** own or have access to a vehicle? Yes No

Positions applying for:

- | | |
|--|--|
| <input type="checkbox"/> Direct Rescue Division (wilderness search & rescue) | <input type="checkbox"/> Communications & IT |
| <input type="checkbox"/> Support Rescue Division (light foot searches, vehicle searches, etc.) | <input type="checkbox"/> Professional Services (Law, Accounting, etc.) |
| <input type="checkbox"/> Logistics Division (food services, transportation, etc.) | <input type="checkbox"/> Administrative (dispatching, marketing, etc.) |
| | <input type="checkbox"/> Training (instructor) |

Please describe how often you will be available for indoor/outdoor training and exercises

- Bi-weekly Monthly Quarterly Bi-annually Annually

Fitness/Endurance:

Describe your level of physical fitness and wilderness hiking capabilities/experience

Are you a current or past member of an organization that does search & rescue?

- Yes (please list name of organization and contact info of org.) _____
- No, I was never a member of an organization that does search and rescue.

References:

Please list at least 2 references:

Have you ever been convicted of a misdemeanor or felony? If so, please explain:

Please scan and email this application to info@commsar.org or mail to: COMMSAR, 400 Rella Blvd, Suite 124, Montebello, NY 10901