



Rocky Mountain Rescue Dogs, Inc. Membership Application

Handler Name: _____ Application Date: _____

Address: _____
Street City State Zip

Mobile #: _____ Home #: _____ Work #: _____

Date of Birth: _____ M: ___ F: ___ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Identifying Marks: _____

Person to Notify in Case of Emergency: _____
Name Relationship Phone Number

Address: _____
Street City State Zip

Employer: _____
Name Phone Number

Address: _____
Street City State Zip

Search Availability: _____

Medical Certificates and Expiration Dates: _____

Health and Physical History -

Allergies: _____

Medications: _____

Surgeries: _____

Physician: _____
Name Phone Number

Address: _____
Street City State Zip

Dentist: _____
Name *Phone Number*

Address: _____
Street *City* *State* *Zip*

Canine Information -

Dog's Name: _____

Date of Birth: _____ Sex: _____ Spay or Neutered: _____

Breed: _____

Temperament: _____

Color and/or Markings: _____

Veterinarian: _____
Name *Phone Number*

Address: _____
Street *City* *State* *Zip*

Note: Applicant is expected to keep dog's immunizations and licensing current.

Search Related Experience -

Please list years of search related experience:

_____ Search Dog Handling

_____ Dog Obedience

_____ Dog Rappelling

_____ Dog Medicine

_____ Map & Compass

_____ SAR Unit

_____ Radio Procedures

_____ Mountain Rescue

_____ Backpacking

_____ Skiing (Downhill)

_____ Skiing (Cross Country/Alpine)

_____ Climbing (Rock)

_____ Climbing (Snow/Ice)

_____ Mountaineering

_____ Snowshoeing

_____ Survival Training

_____ Avalanche Beacons

_____ Avalanche Awareness

_____ Man Tracking

Outside Interests –

Please list interests and hobbies separate from search related experience:

Equipment Owned –

Check off equipment you own and know how to use:

- | | |
|--|--|
| <input type="checkbox"/> Hiking Boots | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Ski Boots | <input type="checkbox"/> Cooking pots |
| <input type="checkbox"/> XC/Alpine Skis | <input type="checkbox"/> Warm Hat |
| <input type="checkbox"/> Snowshoes | <input type="checkbox"/> Hiking/Climbing pants |
| <input type="checkbox"/> Avalanche Shovel | <input type="checkbox"/> Warm Parka |
| <input type="checkbox"/> Avalanche Beacon | <input type="checkbox"/> Rain Jacket and Pants |
| <input type="checkbox"/> Avalanche Probe | <input type="checkbox"/> Warm Gloves/Mittens |
| <input type="checkbox"/> Backpack | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Space Blanket |
| <input type="checkbox"/> Sleeping Bag | <input type="checkbox"/> Whistle |
| <input type="checkbox"/> Sleeping Pad | <input type="checkbox"/> Locking Carabiners |
| <input type="checkbox"/> Bivy Sack | <input type="checkbox"/> Belay device |
| <input type="checkbox"/> Orienteering Compass | <input type="checkbox"/> Climbing Rope and Webbing |
| <input type="checkbox"/> Knife/Multi Too | <input type="checkbox"/> Rappelling Harness |
| <input type="checkbox"/> Fire Starting Materials | <input type="checkbox"/> Climbing Helmet |
| <input type="checkbox"/> Water Bottles/Bladders | <input type="checkbox"/> Life Preserver (PFD) |
| <input type="checkbox"/> Stove and Fuel | <input type="checkbox"/> Throw Bag (Water) |
| <input type="checkbox"/> Signal Flares/Smoke Bombs | <input type="checkbox"/> Strong 1.5 m lead |
| <input type="checkbox"/> Colored Flagging | <input type="checkbox"/> Dog Crate |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Dog Rappel Harness |
| <input type="checkbox"/> Headlamp | |

I have read, understand and agree to abide by RMRD Bylaws, Standards, Policies and Procedures. I know RMRD wants competent teams and that search service is a serious, sizable commitment of time and effort. I will not represent myself as a RMRD dog handler unless I am qualified and on the official callout list. I accept all responsibility for my search dog as an extension of myself. I have read and understand all of the above and all attachments to this Membership Application and testify that they are true and correct.

Signature: _____ Fees Paid: _____