

Search and Rescue Tracking Institute Membership Application

Type of Membership Field Member, Member At Large
(See also other levels of membership below)

Date: ___/___/___

Last Name: _____ First: _____ M: _____

DOB: ___/___/___

Address: _____

SSN(Required) ___-___-___

City: _____ State: _____ ZIP _____

Height: _____ Weight _____

Phone: Hm(_____)_____-_____- _____ Cell(_____)_____-_____- _____

Hair: _____ Eyes: _____

Wk(_____)_____-_____- _____ Provider: _____

Glasses / Contacts: Y___ N ___

Email (primary) _____

Allergies: _____

(secondary) _____

Medications: _____

Tracking/Signcutting Classes	Dates
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

SAR Certification / Experience:
(Year/Month of certification) (A copy of recent cert required)

- | | | | |
|----------------------------------|---------|--------------------------------------|---------|
| <input type="checkbox"/> Tracker | ___/___ | <input type="checkbox"/> IC | ___/___ |
| <input type="checkbox"/> FTS | ___/___ | <input type="checkbox"/> IS | ___/___ |
| <input type="checkbox"/> FTL | ___/___ | <input type="checkbox"/> Dog Handler | ___/___ |
| <input type="checkbox"/> FTM | ___/___ | <input type="checkbox"/> COQ | ___/___ |

Medical Qualification: Please list your current
Medical Qualifications and expiration date(s)
pls supply copy of cert w/application _____

- NIMS (pls supply copy of cert w/application)**
- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> ICS 100 | <input type="checkbox"/> ICS 200 | <input type="checkbox"/> ICS 700 |
| <input type="checkbox"/> ICS 800 | <input type="checkbox"/> ICS 809 | <input type="checkbox"/> Other |

Mission Availability: Full __, Limited __, None __
If limited, specify: _____

Personal Transportation: Yr: ___ Make: _____
Model: _____ Color: _____ Tags: _____

Emergency Contact: Name: _____ Contact # _____

What do you expect from SARTI?

Interests (Select all that apply)

- Search and Rescue
- Law Enforcement
- Military
- Recreational
- Man Tracking
- Animal Tracking

Classifications

- | | |
|--|---|
| <p>ACTIVE (Aspirations)</p> <ul style="list-style-type: none"> Trainee/Walker <input type="checkbox"/> SARTI FTS <input type="checkbox"/> Operational-Tracker <input type="checkbox"/> | <p>MEMBER AT LARGE</p> <ul style="list-style-type: none"> Associate <input type="checkbox"/> Advisor <input type="checkbox"/> Dispatcher <input type="checkbox"/> |
|--|---|

What is your current occupation?

Are you currently volunteering with any other organizations? YES NO If yes, please list

By signing this document I contend that the enclosed information is true to the best of my knowledge. Any act to deliberately mislead or defraud the SARTI will be grounds for dismissal or expulsion from the organization. I release SARTI and all of its members from any liability due to injury to my self or equipment.

Signature:

Date:

Fees Paid:

Received By:

Date:

The Search and Rescue Tracking Institute is an active member of the Virginia Search and Rescue Council. As such, and in conjunction with the rules and regulations governing EMS (Emergency Medical Services) agencies in the state of Virginia a background check must be performed on all new members. Please carefully read the information and sign where indicated in the presence of a witness. No person will be considered an active member of the organization (SARTI) until a favorable reply is received back from the background investigation.

Search And Rescue Tracking Institute

12 VAC 5-31-910. Criminal or enforcement history.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
2. Has never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his or her care or protection in which the victim is a patient or is a resident of a health care facility.
4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during this time.
5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
6. Is not currently under any disciplinary or enforcement action from any EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.
7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

Signature of prospective Member _____ Date _____

Please print name _____

Witness Signature _____ Date _____

Relationship to signed person; _____

By signing this document you are hereby granting SARTI expressed permission to process a Criminal Background Check application on your behalf.

Both signatures must be signed at the same time and dated.
Please make a copy for personal file.