



Doña Ana County Search and Rescue, Inc.
Post Office Box 16172 Las Cruces, New Mexico 88004

Application for Team Membership / Membership Update

(Please Print)

Membership Status: New/Probationary_____ Operational_____ Supporting_____
Status Update?_____ Member since: _____

Contact Information

Name:_____

Address:_____ zip:_____

Mailing address, if different:_____ zip:_____

Telephone: (Cell)_____ (Home)_____ (Work)_____

E-mail address:_____ Other Contact: _____

Emergency Contact

Name:_____ Relationship:_____

Address:_____ zip:_____

Telephone:_____ E-mail _____

Vehicle Information

Do you have a vehicle which would be available for missions and training purposes?

Type of vehicle:_____ 4WD? _____

Vehicle license:_____ State: _____

Drivers License Number:_____ State: _____

Personal Information

Current age:_____ Date of birth: _____ Gender: _____ Blood type: _____

Profession:_____

Employer:_____

Known allergies to foods, drugs, medications, insect bites, etc.:

Conditions which might affect your performance during missions or training activities:

Contact physician:_____ Telephone:_____

Address: _____

Signature _____ **Date** _____

Qualifications, Training & Experience

Previous Search and Rescue Experience? If so, please explain:

Relevant Wilderness Experience? (Hiking, camping, climbing, hunting, etc.)

Medical Training & Certifications (First Aid, CPR, First Responder, EMT, etc.).

Other Relevant Skills or Resources (Ham radio licensing, radios, ATV, etc.)

Miscellaneous

How did hear about Doña Ana County Search and Rescue?

What prompted your interest in Search and Rescue?
