

CARLETON GROUND SEARCH & RESCUE INC.

**Box 602,
Florenceville, NB
E7L 1Y9**

Membership Application Form

(Mr / Mrs / Ms) Full Name: _____

Address: _____ Postal Code _____

Phone Home: _____ Work: _____ Other: _____

Date of Birth: (Day/Month/Year) ____ / ____ / ____ Place of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Next of Kin: _____ Driver`s Licence Number: _____ Class: _____

Occupation:

Employer:

Languages Spoken : _____ Written: _____

Woodsmanship Ability (based on experience or training) e.g. Navigation, Chainsaw,
Tracking, Fishing, Hunting, etc.: _____

Special Training or related activities: e.g. Ham Radio, Scuba Diving, CPR etc.: _____

Any Medical or Physical conditions: _____

(Please complete Page 2 also)

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Any areas in which you are qualified: e.g. first aid, rappelling, map & compass, etc.

(please include dates training completed) _____

Any equipment that you own and would be willing to use on a search yourself e.g. ATV.
Chainsaw, boat, 4-wheel drive vehicle, etc : _____

Hobbies: _____

Why are you interested in joining Search & Rescue ? _____

Which committees would you be interested in ? _____

Do you have a criminal record? _____

I declare the above information is true, and give permission to have the RCMP to do a
background check (CPIC)

Signature: _____ Date: _____

For GSAR Use Only

SIGNATURE

DATE

CPIC Check Completed
Recommended for Membership