

# Western PA Search and Rescue Development Center

1410 Frey Road Pittsburgh, PA 15235 Office 412-856-4357 Fax 412-372-6418

cgarfold@wpsardc.org www.operationtakemehome.org

## General Membership Application Please Print - Please Print - Please Print

<b>Personal</b>						This information is required. Please fill in all fields or mark N/A if not applicable.					
Name: ( Last Name, First Name, Middle Initial )						Social Security Number			Age		
Address:						Apt. # (if applicable)			E-mail Address (if available)		
City:				State:			Zip Code:				
Phone		<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		Work Phone: ( *see employment into )			Pager/Alternate Phone			<input type="checkbox"/> Voice <input type="checkbox"/> Digital	
Birth Date (Month, Day, Year ) / /			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married			Children <input type="checkbox"/> Yes # <input type="checkbox"/> No			
Spouse's ( if married )				Children's ( First Name Only )				Ages			
<b>Drivers License and Vehicle Insurance Information:</b>											
The State of PA requires that all motorist have a valid driver's license and proof of insurance. As many of our official activities require driving your personal vehicle or may require you to drive a team owned vehicle, it is necessary for us to ask for this information. Failure to supply this information will not affect your application for membership.											
Drivers License #				State				Expires			
Insurance Company / Agent Name						Policy Type			Renewal Date		
Phone #:						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Liability Only					
Vehicle #1				Vehicle #2							
Make		Year:		Make		Year:					
Model:		Color:		Model:		Color:					
4 x 4 <input type="checkbox"/> Yes <input type="checkbox"/> No				4 x 4 <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Employment Information:</b>											
It is the policy of WPSARDC NOT TO RELEASE work locations or phone numbers without prior permission of the member involved. However, it is of benefit to WPSARDC to be aware of where our members are employed, to avoid cases of conflict of interest oraccidently jeopardizing a member's job. Failure to supply this information will not affect your application for membership.											
Place of Employment:						Position/Duties:					
Address:						Type of service employer provides/sells					
City:				State:			Zip Code:				
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<b>Emergency Contact Information:</b>		
Name:	Phone #:	Alternate Phone
Relationship:	Physician Name:	Phone # :

**Other Organizations Involved With:**  
 Due to the multitude of other agencies or organizations that WPSARDC works closely with, it is important for us to know what other organizations, clubs, etc. that you may currently belong to. This information will enable us to determine the amount of time that you may be able to contribute as a member of WPSARDC in time of emergency. For example, belonging to a Volunteer Fire Department may cause a conflict if WPSARDC is called out at the same time to help with the fire or other disaster. Your duties with the VFD take priority over those in WPSARDC, thus making you unavailable at the time. No member is expected to be 100% available. These will always be times when your family, church, employment or other obligations may take priority over WPSARDC Team meetings or activities.

Name:	Purpose of organization	Your Position
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**Personal References:**  
 WPSARDC membership carries a heavy responsibility. Our members must be able to work closely with law enforcement officers and the general public in a position of trust and responsibility. This is the reason for requiring three (3) nonfamily character references. Failure to supply this information will result in a rejection of the application for membership.

Name:	Address or Contact Phone Number	Relation
Name:	Address or Contact Phone Number	Relation
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**What area of Interest do you prefer?**

Special Needs       CERT/VOAD      **Notes:** Please list call sign if applicable; Breed if applicable. You will be asked to furnish copies of licences and other pertinent data.  
 Amateur Radio       K-9  
 Technology

**Personal Skills / Training / Hobbies:**  
 WPSARDC members come from a wide variety of backgrounds and experiences. It is extremely helpful to the WPSARDC Board of Directors to be aware of any special skills, training, or hobbies that maybe of use to the team. This includes such things as medical training, disaster training, special drivers licenses, scuba and others. The list is endless. Failure to supply this information will not affect your application for membership.

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Many of our events which we work, often provide items such as T-shirts to the volunteers who work the event. While we prefer that our members wear their uniform shirts rather than these T-shirts during the event, we still need to know your preferred T-shirt Size to aid in telling the event sponsors how many of which sizes we need them to provided. Please indicate below, your preferred t-shirt size. ( It doesn't have to be your actual size and you may change it later if you wish ).

-Small     -Medium     -Large     -X-Large     -XX-Large     -Other    (All sizes are ADULT )

**List of impairments, limitations, phobias, etc.**

We ask that you provided this information so that we can work with you in your position as a member. Someone who is closterphobic, we would not ask to go into a small cave or tunnel. This information is to help us help you.

**Criminal Record**

Due to the nature of our services, the possibility of involvement with children, we require this information. We cannot accept members that have been convicted of a felony. Additionally, any conviction of any crime related to kidnapping, abduction, assault, indecency with a child/ cadaver, rape, molestation or registered as a child offender will disqualify this application for membership. All other criminal charges will be looked at on a case by case basis. But, failure to supply this information will result in a rejection of this application.

Disclosure and Membership Agreement Notice: The information contained on this Membership Application will remain confidential and will not be released outside of the Board of Directors without your permission, other than for use in official Team rosters or registration and/or for insurance purposes.

By signing this application, you are giving the WPSARDC Board of Directors explicit permission to contact the references that you have provided and to conduct a background check with local law enforcement agencies ( at WPSARDC expense). No medical exams are required. The results of any such investigation may become a part of this application.

In the event of acceptance, you agree to follow the rules and regulations outlined in the Team's bylaws ( as may be amended by the Board of Directors) and will conduct yourself in such a manner as to not reflect unfavorably upon the WPSARDC Team.

Western PA Search and Rescue Development Center is a fully recognized 501 (c)(3) US charity and therefore most payments are deemed tax deductible under the law. Please consult your tax advisor r for advice.

You will be on probation for 60 days following acceptance of this application

You certify that all answers given on this application are true to the best of my knowledge. You understand that this is not an application for employment and is not a contract of membership. Acceptance is dependent upon a vote of the current Board of Directors.

Under varies rights granted by the Electronic Signature Act of 2000, we are allowing you to sign this application by placing you complete name typed in the spaces marked Electronic Signature. If this application is accepted I understand that I will be requested to physically sign the application to.

Full Signature:

\_\_\_\_\_

Current Date

Applicant Name: (Please Fill In Your Name As This Will be A Part Of Your Training Records)

Today's Date:

**DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL TEAM USE ONLY.**

Date	Action Taken	Initials of Officer
	Application Received	
	Background Chk Completed	
	Board of Directors Vote	
	Membership Vote	
	Accepted	
	Rejected	
	Notified of results of vote	
	Insurance Premium Sent	
	New Member Orientation	
	Probation Period Passed	
	Membership Card Presented	
	Training:	
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Special Training ( First Aid / Disaster )	Date
Basic Red Cross First Aid	
CPR	
Intro to American Red Cross Disaster Services	
Damndage Assessment	
Other	

WPSARDC requires that all members take part in an ongoing training program. If you receive a certificate or certification number from an outside agency, such as the American Red Cross, we require that you provide a photocopy of the certificate or course completion paper work and that you maintain your certification and provide us with updated material when you receive new one, such as CPR training cards. This is for your protection and ours. Thank you. Training Division

**PLEASE SIGN AND DATE THIS APPLICATION AFTER  
PRINTING.**

**PLEASE RETURN THIS APPLICATION TO OUR  
OFFICE AT THE FOLLOWING ADDRESS.**

**WPSARDC  
1410 Frey Road  
Pittsburgh, PA 15235**