

**UPPER VALLEY WILDERNESS RESPONSE TEAM**

(Complete all 3 sections)

**1. APPLICATION FORM**

**Member Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Email: \_\_\_\_\_

Checked Regularly? Yes  No

Physical Address:

\_\_\_\_\_  
Mailing Address (If different from above):

\_\_\_\_\_  
Are you 18 or older? Yes  No  Date of Birth \_\_\_\_\_

If you are a student, are you in the area during the summer? Yes  No

Do you have a vehicle? Yes  No

If Yes, please indicate make/model: \_\_\_\_\_

Would you be willing to transport team members to a call? Yes  No

Have you ever had your driver's license suspended/revoked? Yes  No

If Yes, please explain (include date): \_\_\_\_\_

*I understand that I alone am responsible for what happens to my vehicle while involved in UVWRT activities, and that no compensation of any sort is available for repair, legal actions, or any other reason.*

Initial Here: \_\_\_\_\_

**Emergency Information**

Please list two people to contact in case of an emergency:

1.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

2.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

*I understand that it is my responsibility to inform the team leader, incident commander or ranking UVWRT officer of any medical/physical conditions I may have that might affect my ability to perform requested tasks or assignments.*

Initial here: \_\_\_\_\_

**Skill And Training Background**

Would you be comfortable assuming a leadership role? Yes  No

Comments: \_\_\_\_\_

Medical Certification: (Please circle all that apply):

CPR FA WFA WFR EMT WEMT OEC

Other: \_\_\_\_\_

If medically trained, what is the expiration date of your most fundamental certification?

Certification: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Has your license every been revoked? Yes No

Please explain:

\_\_\_\_\_

Have you attended a basic SAR course? Yes No

If Yes, list nature, instruction agency, and date of course:

**\*\*Please attach a copy of CPR or EMT certifications to this form\*\***

Please indicate your experience by circling the appropriate number:

(1 = no experience/no proficiency, 7= very experienced/highly proficient)

Hiking/Camping: 1 2 3 4 5 6 7

Winter Hiking/Camping: 1 2 3 4 5 6 7

Rock Climbing: 1 2 3 4 5 6 7

Ice Climbing: 1 2 3 4 5 6 7

SAR Fundamentals: 1 2 3 4 5 6 7

Compass/Navigational skills: 1 2 3 4 5 6 7

Technical rescue: 1 2 3 4 5 6 7

(Specify Nature: \_\_\_\_\_)

Medical Experience: 1 2 3 4 5 6 7

Please list other skills or experience that could be applied to SAR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAR Peculiarities**

Are you comfortable working around SAR dogs? Yes  No

Have you been trained in safety issues concerning helicopters? Yes  No  Have

you ever been convicted of a felony? Yes  No  If Yes, please

explain: \_\_\_\_\_

*I understand that callouts can occur at any time of the day or night in all weather conditions throughout the year and I will make every attempt to respond to callouts to the best of my ability given my skill level and training.*

Initial here: \_\_\_\_\_

*My signature below acknowledges that I have read, understood, and accepted the conditions of membership and that the responses I have given are accurate and truthful.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return this form, along with a \$58.00 application fee (checks payable to "UVWRT") to:

UVWRT Membership Officer  
Chris Northrop  
31 Cabernet Drive, Unit 2  
Concord, NH 03303

\*\*\*\*\*

For UVRT Use Only

Liability Waiver                      Yes     No

Equipment Checklist                Yes     No

Medical Certification Forms        Yes     No

Application received on:            \_\_\_\_\_

Dues paid on:                        \_\_\_\_\_

Entered into database on:         \_\_\_\_\_

Summary to officers sent on:      \_\_\_\_\_

Welcome letter sent on:            \_\_\_\_\_

\*\*\*\*\*

**2. RISK/LIABILITY ACKNOWLEDGEMENTS**

Please initial all sections:

\_\_\_\_\_ I hereby take full responsibility for my own actions while a member of Upper Valley Wilderness Rescue Team (UVWRT). I hold myself solely responsible while responding to, participating in, returning from, and training for a search and rescue incident with UVWRT.

\_\_\_\_\_ I understand that although I am a member of UVWRT, this is a volunteer organization and all of my actions are performed of my own volition.

\_\_\_\_\_ I understand and accept the inherent risks involved with Search and Rescue activities (including, but not limited to, death, disability, loss of property, and incurred liabilities)

\_\_\_\_\_ I understand and accept that UVWRT provides absolutely no insurance coverage of any kind to its members.

\_\_\_\_\_ I understand and accept that should I be injured in the field, suboptimal medical conditions may exist. Furthermore, should I be injured, I authorize UVWRT to provide initial treatment as deemed necessary. Nor will I hold UVWRT, or any of its members, liable for any injury or property damage that occurs while receiving such treatment.

\_\_\_\_\_ I understand that if I volunteer my vehicle to provide transport for UVWRT activities, I am solely responsible for all accidents or damage that may occur to my vehicle during such activities.

\_\_\_\_\_ I understand that my membership in UVWRT may be terminated at any time, should my behavior be deemed inappropriate by UVWRT officers.

\_\_\_\_\_ I acknowledge that I have read, understood, and agree to follow the procedures outlined in *UVWRT Constitution and Bylaws*, and *Standard Operating Procedures*.

\_\_\_\_\_ I agree that UVWRT, its officers, or its members are not accountable for any misfortune I should incur while a member of the team.

My signature below and initials above state that I have read, understood, and accepted the conditions listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### 3. EQUIPMENT CHECKLIST

Please indicate if you currently have the following items:

**Boots** - Waterproof/resistant footwear that provides ankle support. Sneakers are not adequate under ANY conditions and personnel without appropriate footwear will not be allowed to participate in call out activities. Note that proper fit is also essential and call outs are not the place to break in footwear. If there are any questions/concerns, contact an officer.

Yes  No  comments: \_\_\_\_\_

**Socks** - 2 pairs of synthetic/wool socks, polypro liners (or equivalent) are also recommended.

Yes  No  comments: \_\_\_\_\_

**Day pack** - Must be able to carry all essential gear and should be comfortable enough for extended wear.

Yes  No  comments: \_\_\_\_\_

**Clothing** - NO COTTON (or at least an outfit that is not cotton MUST be available at all times). Needs to include:

- lightweight, midweight and heavyweight warm top layers
- lightweight and heavyweight bottom layers
- Rain/wind gear - outer shell layer needs to be able to fit over inner layers.

Any waterproof material is adequate

- Warm hat, must cover ears (balaclava recommended for fall/winter/spring)
- Warm gloves or mittens (2 pair) (consider liners as well)
- Waterproof handwear for wet conditions
- Safety vest, orange, preferably with reflective stripes
- Winter - bring heavier, warmer clothes (e.g. warm parka)

Yes  No  comments: \_\_\_\_\_

**Water** - 2 liters

Yes  No  comments: \_\_\_\_\_

**Water Purification System** Tablets or filter

Yes  No  comments: \_\_\_\_\_

**Food** - Adequate for 24 hours under intensive/cold conditions. Should include a package of Jello (no NutraSweet). Recommended: granola bars, candy bars, energy bars, gorp, etc.

Yes  No  comments: \_\_\_\_\_

**Navigational Gear** - Headlamp/flashlight (headlight recommended)

- Backup flashlight
- Spare batteries
- Compass
- Whistle
- Surveyor's tape

Yes  No  comments: \_\_\_\_\_

**First Aid Kit**

- 4 pairs of latex gloves
- CPR shield
- 2 cravats
- 4 4X4 gauze pads
- 2 5X9 gauze pads
- 10 bandaids
- 20 advil/tylenol
- 6 betadine wipes/equipment
- 6 safety pins
- Blister kit (moleskin/2nd skin)
- Tape
- Notebook/pencil
- 3 ziplocs (kit could be contained in one)

Yes  No  comments: \_\_\_\_\_

**Other**

- Sleeping pad (e.g. Thermarest)
- Sleeping bag in fall/winter/spring
- Knife (e.g. Swiss Army)
- Lighter/matches
- Firestarter
- Toilet paper, tampons
- 20 feet duct tape (wrap around item such as water bottle)
- Garbage bag
- Eye protection
- Health insurance card/personal ID card
- Personal medications
- Contacts/extra glasses
- Wristwatch
- Sunglasses - required in snow conditions

Yes  No  comments: \_\_\_\_\_