

Alaska Search and Rescue Dogs Application for Support Member



Thank you for your interest in training and working with Alaska Search and Rescue Dogs (ASARD). The following information describes the requirements to become part of the ASARD Team as well as the membership application to become a Support Member. After obtaining Support Members status, you may apply for additional membership types (Field Support Member, Training Member, Operational Member) as you meet the necessary requirements.

If you have any questions, feel free to email us at info@asard.org and one of our members will get back to you.

Requirements for ALL Members of ASARD:

- Human's minimum age is 21 years
- Resident of Alaska
- Attend 50% of regular meetings
- Attend 50% of scheduled team training sessions
- Participate in one working ASARD committee
- Upon acceptance, Pay \$50.00 dues for the first year and \$10 every year after
- Maintain records documenting all past and current SAR and Medical certifications, Training Logs (Human and Canine) as well as Canine Medical records

To move from Prospective Member (not yet a member of ASARD) to Support Member:

- Participate in 2 general meetings. These are typically held on the first Monday evening of each Month in Anchorage.
- Complete and submit Application for Support Member & Statement of Purpose
- Read ASARD Manual and sign signature page
- Upon approval from the Board
 - a. Pay \$50 first year dues
 - b. Members are required to attend at least 50% of the general meetings and at least 50% of the training sessions (subject to number of trainings sessions held).

Note: Canines may not attend trainings until the human has attained Field Support Member status. See the ASARD Manual for more details.

Email (info@asard.org) or mail (address found on the ASARD website) your Application and Statement of Purpose to the Board of Directors for approval.

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INSTRUCTIONS: Please answer all questions fully (either type or print legibly). Read, sign and date the release statement. Attach a Statement of Purpose. Do not send dues at this time.

GENERAL INFORMATION

Full Name:		DOB:		Social Security #:	
Mailing Address:		Driver's License #:		Vehicle: Year, Make, Model:	
		License plate #			
Home Address:		Primary Occupation: (name of Employer)			
		Emergency Contact: (Name, Relation, Phone)			
Home Phone:	Work Phone:	Cell Phone:	Fax:	Email:	

PERSONAL HISTORY *(Answer the following questions and explain any YES answers)*

Have you ever been hospitalized for any reason:
Are you presently receiving any medical care or psychological counseling?
Are you presently taking any prescribed medications?
Is there any reason why you would not be able to engage in physically strenuous activity?
Have you ever been convicted of a felony?
Have you been convicted of a misdemeanor within the last five years?

SKILLS AND BACKGROUND

First Aid or EMS training (indicate Certification and Expiration dates):
Pertinent Training which has been certified, including pilot, guide, diver, ski patroller, radio operator, law enforcement, etc., (Indicate license or Registration and appropriate grade, class, rating and dates):
Other pertinent skills or experience, including: Mountaineering, Nordic/alpine skiing, orienteering, dog training, backpacking, first aid, wilderness survival, etc. (indicate length of involvement):
Other volunteer organizations that you are a member of at present (indicate length of involvement):

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STATEMENT OF PURPOSE:

Please attach a Statement of Purpose, of any length, to your application. This is a critical part of your application. This statement should tell us who you are and include any additional information that you would like to provide over and above the information provided in the Support Member Application in reference to your goals and objectives in regard to ASARD and SAR work in general. What are your other current commitments and how will they affect your participation? Describe what teamwork means to you and what you can contribute to the unit. You may also expand on any other portion of your application in this statement.

ACCEPTANCE OF RISK

It is extremely important that you know and remember that your participation in search and rescue (SAR) operations and SAR-related training involves risk to you and your dog. The eventualities of personal property damage, bodily injury or death are real and so diverse, that no one can specify everything that can go wrong. Please do not participate in these activities if you believe that they are perfectly safe. They are not!

I am aware and accept that during the course of any activities in which I am participating, under the arrangement of ASARD or other individuals, organizations, corporations, or agencies coordinating activities with ASARD or their representatives, whether paid or volunteer, that certain dangers exist to me and my dog, including the risks of injury or death.

In consideration of and for the right to participate in such activities, I have and do hereby assume all of the above-mentioned risks and will hold and save harmless ASARD and its representatives, whether paid or volunteer, from any and all liability, claims and demands of every kind and nature whatsoever which may arise in connection with my participation or the participation of my dog in any of the above-mentioned activities.

Additionally, I hereby consent to the administration of any emergency medical treatment which may be required, as determined by ASARD and its representatives, whether paid or volunteer, and will hold and save harmless, any person who procures or renders such medical treatment from any and all liability, claims or demands of every kind and nature whatsoever, which may arise out of or be attributable to, the requesting of or performance of the above-mentioned medical treatment.

The terms of this acceptance shall hereby serve as a release and assumption of risk for myself, my heirs, executor, administrator and for all members of my family, including dependents or minors who accompany me or join me in participating in the above-mentioned activities.

In executing this acceptance, I am not relying on any statements, promises, opinions or assurance, either expressed or implied, by ASARD or its representatives, whether paid or volunteer, concerning the conditions or circumstances I may or will encounter while participating in the above-mentioned activities.

Additionally, I hereby certify that all the information that I have submitted is true. I am aware and accept that any false statement made is reason for disciplinary action or termination of my right to participate in the above-mentioned activities.

Signature of Applicant:

Date: