



# Miramichi Ground Search and Rescue Inc. (MGSAR)

## Member Application

P.O. Box 4028, Stn Douglstown, Miramichi, NB E1V 5R9  
 71 Thorneycroft Street, Miramichi, NB • [join@MGSAR.ca](mailto:join@MGSAR.ca)  
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Thank you for completing this form. Please print clearly.  
 All information gathered will be kept confidential and will be used exclusively by GSAR.

GENERAL INFORMATION			
Last name:	First name:	Middle name(s):	Date of Birth:
Residential address:		Mailing address:	
Home phone #:	Cell phone #:	Email:	
Preferred method of contact: Home    Cell    Email	Valid Driver's Licence? YES or NO Licence number:	Valid Passport? YES or NO	
What language(s) to you speak, read, and write fluently? ▪ English    ▪ French    ▪ Other: _____		Do you have any allergies? YES or NO Yes: _____	
PROFILE QUESTIONS			
Are you legally entitled to work in Canada? YES or NO			
Have you ever been employed by or volunteered with a Search and Rescue team? YES or NO		If yes, please specify where, when, and position:	
How did you hear about MGSAR?		What's your main reason for volunteering with MGSAR?	
Please list any other volunteer activities:		Type of volunteer work that interests you: (Please circle) ▪ Fundraising                      ▪ Instructor ▪ Searcher                            ▪ Administration ▪ Team Leader                      ▪ Computer Work ▪ Search Manager                  ▪ Other: _____	
Are you currently employed: YES or NO Employer: Position: Employer's Address:		If not currently employed please provide a list of work experience:	

**AVAILABILITY**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
After 5pm							

**How often are you interested in volunteering: (Please circle)**  
 ▪ Once or twice a week    ▪ Once a month    ▪ As required    ▪ Occasionally    ▪ Special Events    ▪ Searches only

**HEALTH**

**How would you rate your physical fitness? (Please circle)**  
 ▪ Very good    ▪ Good    ▪ Average    ▪ Below average

**Would you be medically cleared to participate with MGSAR? YES or NO**

**What activities do you do to keep active?**

**SKILLS**

First Aid Certificate . . . . .	YES or NO	Truck Operator Certificate . . . . .	YES or NO
First Aid Instructor Certificate . . . . .	YES or NO	Boat/Canoe/Kayak Operator Certificate . . . . .	YES or NO
Radio Operator Certificate . . . . .	YES or NO	Incident Command System Certificate . . . . .	YES or NO
Water Safety Training Certificate . . . . .	YES or NO	Winter Survival Training Certificate . . . . .	YES or NO

**Do you have any experience in the following? (Please circle)**

▪ Hiking	▪ GPS/Map & Compass
▪ Skiing	▪ Driving a truck and trailer
▪ Geo caching	▪ Camping
▪ Climbing/rappelling	▪ Snow Shoeing

**Any other relevant skills or training we should be aware of?**

**REFERENCES (Must have known you for at least 2 years)**

Name:	Name:	Name:
Address:	Address:	Address:
Phone number:	Phone number:	Phone number:
Email:	Email:	Email:
Relationship:	Relationship:	Relationship:

*I certify that the information in the application is correct and complete. I give my permission to MGSAR to contact the above references. I understand that I will be required to provide a current Criminal Record Check & Vulnerable Sector Check to complete my application package.*

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

I am aware and support _____'s decision to volunteer with MGSAR.	
Interviewer:	Date: