



Wetaskiwin Search and Rescue

Team Member Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Do you have valid First Aid and CPR? YES NO

Are you able to provide a clear criminal record check?? YES NO

If no, explain: _____

Qualifications and Related Experience

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge

Signature: _____ Date: _____

