

TACOMA MOUNTAIN RESCUE UNIT
PO Box 696
Tacoma, WA 98401
RESCUE MEMBERSHIP APPLICATION

PERSONAL INFORMATION:

Name _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Driver's License No. _____

Occupation _____ Employer _____

Home Phone _____ Work Phone (if it's OK to call you there) _____

Cellular _____ Carrier _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

EXPERIENCE:

Rescue Experience (Approx date & location) _____

Mountaineering Training & Experience _____

First Aid and Medical Training and Experience (List Certifications & Expiration Dates) _____

Acquaintances who are TMRU members _____

Membership in other Outdoor Clubs _____

For Board Actions Only

Contact _____ App Sent _____ Date Recvd _____ Evaluation Date _____ Accepted on _____ Status _____

Mentor Assigned _____ Dues Recvd/Treasurer _____ Orientation Sent _____

DEM App Sent _____ DEM Card no. _____ DEM/TMRU Card Sent _____

MOUNTAIN RESCUE PHILOSOPHY:

Personnel inexperienced in fundamental mountaineering, first aid, or rescue techniques are expected to take training courses in these skills to remain in the Unit and qualify for advancement.

All members must have a current Standard First Aid Card and a CPR Card to participate in rescue activities. The minimum requirement for membership is graduation from The Mountaineers Basic Climbing Course, or equivalent course of instruction, or Board approval.

PERSONAL EQUIPMENT YOU CURRENTLY OWN:

Ice Axe	Sleeping Bag	Raingear	Shovel
Helmet	Tent	Synthetic Clothing	Avalanche Beacon
Crampons	Stove	Harness	Probe Poles
Winter Boots	Pack	Carabiners	Compass
Snow Shoes	Headlamp	Pulley(s)	GPS

Other: _____

PHYSICAL CONDITION:

Height _____ Weight _____

Any physical problems or limitations _____

Do you wear _____ corrective lenses or _____ contacts

Other Comments _____

I certify that the information on this application is correct to the best of my knowledge and belief.

Signature of Applicant

Date