

**COMMONWEALTH OF VIRGINIA, DEPARTMENT OF EMERGENCY SERVICES
SEARCH AND RESCUE PROGRAM
APPLICATION FOR TRAINING**

COURSE NAME _____ COURSE DATE(S) _____

COURSE LOCATION _____

NAME _____ APPLICATION DATE _____

MAILING ADDRESS _____ SS NUMBER _____

_____ *DATE OF BIRTH _____

CITY OR COUNTY OF RESIDENCE _____

HOME PHONE () _____ BUSINESS PHONE () _____

OCCUPATION _____

COMPANY OR AGENCY _____

PRIMARY SAR RELATED ORGANIZATION IN WHICH YOU ARE CURRENTLY ACTIVE

NAME _____ YEARS AFFILIATED _____

CHECK SEARCH AND RESCUE COURSES SUCCESSFULLY COMPLETED

SAR 1ST RESPONDER () FIELD TEAM MEMBER () FIELD TEAM LEADER ()

MANAGING SEARCH OPERATIONS () PRACTICAL SEARCH OPERATIONS ()

MANTRACKING () OTHER (DESCRIBE) _____

CHECK CURRENT MEDICAL CERTIFICATIONS

1ST AID () ADVANCED 1ST AID () EMT-A () EMT-ST () EMT-C ()

EMT-P () PA () RN () MD () OTHER _____

SIGNATURE OF APPLICANT _____

* SOME ACTIVITIES MAY HAVE A MINIMUM AGE REQUIREMENT

AGENCY USE ONLY

DATE RECEIVED _____ APPLICATION APPROVED _____

FEE AMOUNT RECEIVED (IF APPLICABLE) _____ CASH () CHECK ()

TRAINING COMPLETED _____ CERTIFICATE ISSUE DATE _____