



# MONTGOMERY COUNTY SEARCH & RESCUE TEAM MEMBERSHIP APPLICATION

PO BOX 75  
MAGNOLIA, TX 77353  
State Charter 12833901-1

Full Name: \_\_\_\_\_

First

Middle

Last

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month

Day

Year

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Referred by: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

CERT Certified: ☐ YES ☐ NO

List any skills: \_\_\_\_\_

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Areas interested in:

☐ Fundraiser Team

☐ Grants Team

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under 18 years old: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

MOCSAR Emergency Contact Form

Name (first, then last) \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
DOB \_\_\_\_\_ DL Number \_\_\_\_\_  
Email \_\_\_\_\_

Emergency Contact

(1) Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
(2 Phone Number) \_\_\_\_\_

(2) Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
(2 Phone Number) \_\_\_\_\_

Medical Contact

(1) Doctor Name \_\_\_\_\_  
Type Dr \_\_\_\_\_ Phone \_\_\_\_\_  
(2) Doctor Name \_\_\_\_\_  
Type Dr \_\_\_\_\_ Phone \_\_\_\_\_  
(3) Doctor Name \_\_\_\_\_  
Type Dr \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Allergies

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Medical Alerts/Concerns

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Medications

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Additional Notes

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I, \_\_\_\_\_ am aware that the MOCSAR Medic Team will keep my personal information confidential and will only be used for Emergency use only. This info will be provided to medical units for transportation and hospital use only.

I have voluntarily provided the above contact information and authorize MOCSAR Medic Team to contact anyone of the above on my behalf in the event of an emergency. \_\_\_\_\_

## AUTHORIZATION FOR RELEASE

### OF PERSONAL INFORMATION

I, \_\_\_\_\_ by my signature below, do hereby voluntarily authorize a review of and full disclosure of any criminal records concerning myself to a duly authorized agent of the Montgomery County Search & Rescue Team (Herein after referred to as MOCSAR), whether said records are public, private or of a confidential nature.

I understand that any information obtained by this background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for becoming or retaining membership with MOCSAR.

I further understand that any incorrect, misleading or untruthful statements may render this authorization void, and if I am placed in a volunteer position, would be just cause for terminating my volunteer position with MOCSAR. I hereby release MOCSAR and its authorized agents from any and all liability which may be incurred as a result of collecting such information.

I further attest that I have read and fully understand the contents of this "Authorization for Release of Personal Information".

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Legal Full Name: \_\_\_\_\_  
(Full First) (Full Middle) (Legal Last Name)

Other names you may have used (include maiden name if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

I hereby acknowledge that this authorization is valid for a one (1) year period or until the investigation process has been completed, whichever is later. By my signature, I do attest that the foregoing is complete, accurate and true.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

## General Liability Release Form

In return for being allowed to participate in Montgomery County Search & Rescue Team volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer, or Parent/Legal Guardian of Volunteer (if Volunteer is under age 18), hereafter referred to using “I”, “me”, or “my” releases and agrees not to sue the Montgomery County Search & Rescue Team or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Montgomery County Search & Rescue Team is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Montgomery County Search & Rescue Team for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Montgomery County Search & Rescue Team has not arranged and does not carry any insurance of any kind for my benefit or that of Volunteer, my parents (if Volunteer is under 18), guardians, trustees, heirs, executors, administrators, successors, and assigns.

I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in any Volunteer Activities.

I also understand that this document is a contract that grants certain rights to and eliminates the liability of the Montgomery County Search & Rescue Team

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Volunteer Signature

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Date

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Print Name