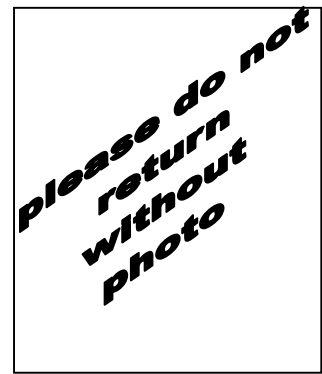


APPLICATION FOR TRAINEE MEMBERSHIP



Full name: _____

Date of Birth: _____

Address: _____

Postcode _____

Home Tel No: _____ Work Tel No: _____ Mobile No: _____

Email address: _____

Employer's Name: _____ Place of work: _____

Have you got weekday, daytime availability? Yes/no

Are you available to be called from work? Yes/No

Give any other information to help us contact you quickly: _____

Are you available at weekends? Yes/No

If No, specify when not available: _____

Do you have a valid full Driving Licence? OWN TRANSPORT ESSENTIAL Yes/No

Do you meet all the application requirements detailed in the introductory letter? Yes/No

If No, please detail on a separate sheet.

CRIMINAL RECORD:

Do you have convictions for any criminal offence? If so, please list on a separate sheet. This may not preclude you from joining Buxton Mountain Rescue Team but is required for The Charity Commission. All information will be treated in the strictest confidence.

It is expected that you already possess skills in hillcraft and navigation prior to joining the team.

HILLCRAFT

Are you a regular hill walker? Yes/No

How many years hill walking experience do you have? _____

In which areas have you hill walked? _____

Do you walk in winter conditions? Yes/No

Do you have any climbing/mountain leadership qualifications? Please attach copies. Yes/No

If so, what are they? _____

APPLICATION FOR TRAINEE MEMBERSHIP (Continued)

NAVIGATION

Can you; set and walk on a bearing? Yes/No

use timing, pacing and waypoints as necessary to arrive
at a six figure grid reference in adverse conditions? Yes/No

GENERAL: Have you any previous Mountain Rescue experience? Yes/No

If Yes, in which team and for how long? _____

FIRST AID: Do you have a current First Aid Certificate? Yes/No
(can be obtained through the team)

If Yes, give: the issuing body: _____

the expiry date: _____

NB attach a copy of certificate.

Have you experience as a rock climber? (for interest only not compulsory) Yes/no

If so, to what standard? _____

Please give any other details or experience you have which you think may be useful in the operation of the Team.
Please use an additional sheet of paper if you need to.

DECLARATION:

I understand that mountain rescue is an active service that places considerable physical and mental pressures on those who participate; also, that it is my responsibility to inform the Team Leader of any health condition or change of health condition that may effect my safety and well-being whilst on mountain rescue training exercises and incidents or that may jeopardise the effective completion of a mountain rescue incident.

All information kept from this form will be in a database. This information will not be disclosed to any agencies outside mountain rescue. Signing this form indicates your acceptance of the above.

Sign name: _____

Print name: _____

Date: _____