CHOUTEAU COUNTY SEARCH & RESCUE
MEMBERSHIP APPLICATION

Name _____
Last First Middle

Address _____
Number/street City State Zip

Home Phone# _____ Work Phone# _____ Cell# _____

Employer _____ Business Phone# _____

Drivers License # _____ State Issued _____ Expiration date _____

SPECIALIZED SKILLS

Have you ever operated any of the following?

Snowmobile _____ Boat _____ Motorcycle _____ Manual transmissions _____
Jet ski _____ Horses _____

Have you ever taken a first aid/CPR coarse? _____ Card Expiration date _____.

Any other training _____
_____
_____

Signature and date of applicant _____ _____
Date

Sheriff _____ _____
Date