



Portland Mountain Rescue Trainee Membership Application

(Revised 03/29/10)



Complete and print using Adobe Acrobat Reader 5.0 or higher. Sign and date and follow mailing instructions.

I. Important Information [Required]

Personal Information

Name (First/Middle/Last): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Mobile Phone: () _____ Pager: () _____

Fax number: () _____ Date of Birth (mm/dd/yyyy): _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Emergency Contacts

Does the main emergency contact have legal authority to act in your behalf? Yes No

Name: _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____

Mobile Phone: () _____ Other: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Alternate Contact: _____ Phone: () _____

Relevant Personal Medical Information (e.g. Allergies, Hypersensitivity to Bee Stings, etc.) – Voluntary:

All sections required. Trainee applications will only be accepted prior to July 15 in even-numbered years. Please include a \$30 payment to cover the cost of a training manual. This fee will be refunded if you are not admitted into the unit.

Please refer to the website at www.pmru.org for additional information.

II. Motivation for Joining PMR (Required)

Please describe your motivation for joining Portland Mountain Rescue:

III. Basic Skills Assessment (Required)

- A. **Knot Craft:** Briefly describe the use and materials for the following knots: Butterfly, Figure-8, Double Fisherman's, Prusik and Water, as well as Clove and Münter Hitches.

III. Basic Skills Assessment (Continued)

B. **Map & Compass:** Briefly describe methods used to locate true and magnetic positions on a map, take a bearing from a map and follow it, as well as reporting position by latitude/longitude and UTM. If familiar with section, range and township, please describe this method as well. Please list any GPS experience.

C. **High-Angle Snow and Glacier Travel:** Briefly describe techniques of anchors, belays, roped travel, crevasse circumvention and objective hazard evaluation.

III. Basic Skills Assessment (Continued)

- D. **4th & 5th Class Rock-Climbing:** Briefly describe techniques of anchors, belays, both for ascending and rappelling on high angle rock.

- E. **Wilderness Survival in the Alpine Environment:** Briefly describe the methods and factors involved in the following: Clothing requirements, snow shelter construction, avalanche hazard assessment, and preventing potentially life threatening conditions, including hypothermia, frostbite, heat exhaustion, heat stroke, and high-altitude disorders (HAPE, HACE).

III. Basic Skills Assessment (Continued)

F. Climbing Experience and Education: List your experience and any formal education in winter, non-winter, rock, snow & ice conditions. Include a *climbing resume* that details the following: peak, route, date (or month/year) and comments (if any). Attach this on a separate sheet of paper, if necessary.

G. Other Outdoor Experience: Please list your experience with Backpacking, Hiking, Cross Country Skiing, Ski Mountaineering, Kayaking, Etc.

III. Basic Skills Assessment (Continued)

H. **Search and Rescue (SAR):** List your prior Search and Rescue training and/or experience, if any. Please include dates, locations and name(s) of SAR unit(s).

IV. Medical Training and Certifications (Required)

Please list all medical training and certifications, including expiration dates:

V. Other Certifications or Licenses (Required)

Please list any other relevant certifications and licenses, if any:

VI. Equipment Owned (Required)

Please indicate the equipment you own:

- | | | |
|--|--|---|
| <input type="checkbox"/> Snow Climbing Boots | <input type="checkbox"/> Compass | <input type="checkbox"/> Pack |
| <input type="checkbox"/> Helmet | <input type="checkbox"/> GPS Receiver | <input type="checkbox"/> Winter Sleeping Bag (Describe below) |
| <input type="checkbox"/> Crampons | <input type="checkbox"/> Altimeter | <input type="checkbox"/> Thermal Sleeping Pad |
| <input type="checkbox"/> Ice Axe | <input type="checkbox"/> Avalanche Transceiver | <input type="checkbox"/> Bivouac Sack |
| <input type="checkbox"/> Waist Harness | <input type="checkbox"/> Backcountry Shovel | <input type="checkbox"/> Skis/Snowboard (Describe below) |
| <input type="checkbox"/> Chest Harness | <input type="checkbox"/> Avalanche Probe | <input type="checkbox"/> Snowshoes |

Please list any other relevant equipment that you own and/or describe your listed equipment:

VII. Non-Mountaineering Skills (Required)

Please describe any non-mountaineering skills or resources you wish to make available to PMR:

VIII. Applicant Statement of Truth and Accuracy (Required)

Please complete this section and move on to the Section IX – Waiver of Liability (next page):

By my signature below, I hereby verify that the information I provided in this application is true and correct to the best of my knowledge.

Print Name: _____ (Please print legibly)

Signature: _____ Date: _____

IX. Waiver of Liability (Required)

I understand that search and rescue (SAR) operations and training are activities that involve many dangers and I accept and assume the inherent risks associated with such activities. The risks that I expose myself to by participating in these SAR operations and training include, but are not limited to, burial in snow, becoming lost, hypothermia, frostbite, over-exertion, avalanche, falling objects (including rock), and injury by falling or others falling. I fully understand that it is my responsibility to become knowledgeable, stay constantly alert for dangers to others and myself.

I certify that I am over the age of 18 and in suitable physical condition to withstand the rigors of SAR operations and training. I further understand that it is my responsibility to become and remain physically fit. In the course of search and rescue operations I acknowledge that it is possible that I may come in contact with blood borne diseases including but not limited to hepatitis and HIV, or diseases which may be transmitted through contact with other bodily fluids or tissue. It is solely my responsibility to consult with my physician to: (i) learn about the risks to which I may be exposed as a result of PMR activities and appropriate vaccinations, if any, to reduce the risk of infection, (ii) evaluate whether I have the appropriate fitness level for such activities and (iii) take (or decline to take) the advice of my physician with respect to such matters.

I personally accept all the risks, whether known to me or not, and hereby, for myself, my family and heirs and administrators, waive and release any and all rights and claims for damages I may have against Portland Mountain Rescue (PMR) or the Mountain Rescue Association (MRA), or any of the respective members, officers, Board of Directors, and agents or representatives, because of any and all injuries suffered by me while participating in SAR operations or training or travel to and from same. In case of accident, illness or other incapacity, I understand that I must pay my own medical and/or evacuation expenses, whether or not authorized by me. I agree to fully indemnify and hold harmless PMR and its members, officers, Board of Directors, agents and representatives for all of its costs, expenses, and damages arising from or attributable to any claims or actions I might make or bring against PMR which have been specifically released by me in this document.

I agree that in the event any part of portion of this Release from Liability is found to be void or unenforceable, then such part or portion will be stricken but the rest of this document will be given full force and effect.

I have read and fully understand the above:

Print Name: _____ (Please print legibly)

Signature: _____ Date: _____

Note: Failing to sign Sections VIII and IX will render the application void.

Additional instructions are available on the PMR website at <http://www.pmru.org>.