

Galloway Mountain Rescue Team – Membership Form



a) Personal Details

Name :		Date of Birth :	
Address :		Home Telephone :	
		Work Telephone :	
		Mobile :	
		Email :	
Post Code :			
Next of Kin :	Name :		
	Relationship :		
	Address : (if different from above)		
	Tel :		
Medical Issues :	(Please list any medical conditions which you may have e.g. asthma, diabetes. This will not prejudice your application to join the Team).		

b) Personal Statement

<p>Please tell us why you wish to join the team.</p>	
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Please Turn Over :

Website : www.gallowaymrt.org.uk

c) Skills / Experience	
Please summarise below any skills / abilities / experience which you can bring to the Team.	
First Aid :	Do you have a current First Aid certificate : Yes / No Issued by : Renewal Date :
Navigation :	
Communication :	
Rock Climbing / Rope Work :	
Winter Walking :	
Off Road Driving (4 x 4) :	
Other MR experience :	
Any National Hillcraft or Ropework Qualifications (Name and date) :	
Police Disclosure -	In order for team members to enter a police station e.g. during a call out then the police now require that members of the public be checked to ensure they are a 'suitable' person to be within the station. This involves informing the police of name, date of birth and address.

d) Referree	
Please list name and contact details of a referee who may be contacted to verify the above information.	

Please sign and date. Signed : _____ Date : _____

Please return this form to : D Tyson, 36 Queen Elizabeth Drive, Castle Douglas, DG7 1HH or email davidt.gmrt@tiscali.co.uk

Further information will be sent out once we have received your application. Thank you for taking an interest in the Galloway Mountain Rescue Team.

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