



Thank you for your interest in training and working with Alaska Search and Rescue Dogs (ASARD). The following information is from our website and describes the steps it takes to become a search team with ASARD.

If you have any questions, or have an interest in becoming a part of ASARD, please feel free to email us at [asard@gci.net](mailto:asard@gci.net) and one of our members will get back to you.

**I.** The first step in becoming a search team with ASARD is your initial interest, and participation in at least 2 general meetings (usually held in Anchorage the first Monday evening of each month) and 6 training sessions.

**II.** The second step is applying to become a Support Member with ASARD. This period provides the team a better understanding of the requirements and commitment needed to become a search and rescue dog team. It also allows ASARD members a chance to work with and get to know the dog/handler team.

The Support Member receives the privilege to use the ASARD Message Line to get information on training locations and times.

The Support Member is allowed use of the ASARD library.

### **Requirements for individuals applying for Membership:**

1. Handler's minimum age of 18 years.
2. Dog's minimum age of 4 months.
3. Completed application and statement of purpose.
4. Veterinary certification of vaccines.
5. \$50.00 dues, (Dues are not pail until application is approved.)

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Members are required to attend at least 50% of the general meetings and at least 50% of training sessions (subject to number of training sessions held).

Mail your completed application to ASARD's Board of Directors.

# ALASKA SEARCH & RESCUE DOGS

200 W. 34th Ave, Suite 655 Anchorage, AK. 99503



## Application for Membership

Answer all questions fully (either type or print legibly). Read, sign and date release statement. Attach statement of purpose and a color photo of you and your dog. Do not send candidate fees or member dues at this time.

### General Information

Full Name:		Date of Birth:		Social Security #	
Mailing Address:			Drivers Licence #		Vehicle: (Year, Make, Model)
			Licence Plate #		
Home Address:			Primary Occupation: (name of employer)		
			Emergency Contact: (Name, Relation, Phone #)		
Home Phone #	Work Phone #	FAX #	Cell #	Email	

### Personal History *(Answer the following questions and explain any YES answers.)*

Have you ever been hospitalized for any reason?
Are you presently receiving any medical care or psychological counseling?
Are you presently taking any prescribed medications?
Is there any reason why you would not be able to engage in physically strenuous activity?
Have you ever been convicted of a felony?
Have you been convicted of a misdemeanor within the last five years?

### Skills and Background

First aid or EMS training: (Indicate Certification and Expiration dates)
Pertinent training which has been certified, including: pilot, guide, diver, ski patroller, radio operator, law enforcement, etc. (Indicate license or registration and appropriate grade, class, rating and dates)
Other pertinent skills or experience, including: mountaineering, nordic/alpine skiing, orienteering, dog training, backpacking, first aid, wilderness survival, etc. (Indicate length of involvement)
Other volunteer organizations that you are a member of at present: (Indicate length of involvement)

<b>TO BE FILLED OUT BY ASARD</b>
RECEIVED: <span style="margin-left: 200px;">COMPLETE:</span> <span style="margin-left: 200px;">REVIEWED:</span>

## ***Dog Information***

Full Name (Dog):	Working Name:	Breed or Mix:		
Previous Training or Titles: (Organizations, Dates, etc)	Date of Birth	Sex	Neutered/ Spayed	
Description (Distinguishing marks, color, tattoos, etc)			Weight	

## ***Secondary Handler Information (If Applicable)***

Full Name (Secondary Handler or Spouse)	Date of Birth:	Relationship:	Drivers Licence #
Mailing Address	Home Phone #	Work Phone #	

## ***Statement of Purpose***

Is there additional information that you would like to provide over and above the information provided in the candidate application in reference to your goals and objectives in regard to ASARD and SAR work in general. What are your other current commitments and how will they effect your participation? Describe what teamwork means to you and what you can contribute to the unit. You may expand upon any other portion of your application in this statement. Tell us who you are. Attach your statement (any length) to the application. This is a critical part of your application.

## ***Acceptance of Risk***

It is extremely important that you know and remember that your participation in search & rescue (SAR) operations and SAR-related training involves risk to you and your dog. The eventualities of personal property damage, bodily injury or death are real and so diverse, that no one can specify everything that can go wrong. Please do not participate in these activities if you believe that they are perfectly safe. They are not!

I am aware and accept that during the course of any activities in which I am participating, under the arrangement of ASARD or other individuals, organizations, corporations, or agencies coordinating activities with ASARD or their representatives, whether paid or volunteer, that certain dangers exist to me and to my dog, including the risks of injury or death.

In consideration of and for the right to participate in such activities, I have and do hereby assume all of the above-mentioned risks and will hold and save harmless ASARD and its representatives, whether paid or volunteer, from any and all liability, claims and demands of every kind and nature whatsoever which may arise in connection with my participation or the participation of my dog in any of the above-mentioned activities.

Additionally, I hereby consent to the administration of any emergency medical treatment which may be required, as determined by ASARD and its representatives, whether paid or volunteer, and will hold and save harmless, any person who procures or renders such medical treatment from any and all liability, claims or demands of every kind and nature whatsoever, which may arise out of or be attributable to, the requesting of or performance of the above-mentioned medical treatment.

The terms of this acceptance shall hereby serve as a release and assumption of risk for myself, my heirs, executor, administrator and for all members of my family, including any dependents or minors who accompany me or join me in participating in the above-mentioned activities.

In executing this acceptance, I am not relying on any statements, promises, opinions or assurance, either expressed or implied, by ASARD or its representatives, whether paid or volunteer, concerning the conditions or circumstances I may or will encounter while participating in the above-mentioned activities.

Additionally, I hereby certify that all of the information that I have submitted is true. I am aware and accept that any false statement made is reason for disciplinary action or termination of my right to participate in the above-mentioned activities.

Signature (Applicant):	Date:	Signature (Secondary Handler):	Date:
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