



# JUAN de FUCA GROUND SEARCH AND RESCUE

## Recruiting Information



Do you consent to a criminal record check? Yes no

Emergency contact Name: \_\_\_\_\_ Phn #: \_\_\_\_\_

Medical History :	Is there any history of (please circle):				
Hernia	yes	no	Hepatitis	yes	no
Asthma	yes	no	Tuberculosis	yes	no
Fainting	yes	no	Heart problems	yes	no
Dizziness	yes	no	Epilepsy	yes	no
Allergies	yes	no	Hypertension	yes	no
Arthritis	yes	no	Diabetes	yes	no
Back problems	yes	no	Respiratory troubles	yes	no
Glasses / contacts	yes	no	Regular medication	yes	no
Hearing problem	yes	no	Any other difficulty	yes	no

If yes to any of above, please explain:

\_\_\_\_\_

Is there any other issue that might restrict your activity in SAR? \_\_\_\_\_

\_\_\_\_\_

Is there any thing else you'd like us to know? \_\_\_\_\_

\_\_\_\_\_

### **For office use only:**

1<sup>st</sup> Screening by: \_\_\_\_\_ Date: \_\_\_\_\_  
(print JdF SAR member name)

Completed by :(circle) In person, phone, email Recommend for 2<sup>nd</sup> screening? Yes No

2nd Screening by: \_\_\_\_\_ Date: \_\_\_\_\_  
(print JdF SAR member name)

Completed by :(circle) In person, phone, email Recommend as a candidate? Yes No

Agrees to training requirements: yes no Date confirmation received: \_\_\_\_\_  
(via email or other)

Approved for next intake: \_\_\_\_\_ Date: \_\_\_\_\_  
(print IdF SAR member name)