



# Q.S.A.R. Membership Intake Application

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Bilingual (y/n) \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone #: (M) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_ D.O.B. (y-m-d) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (m) \_\_\_\_\_ (w) \_\_\_\_\_

P.C.O.C. #		Date Issued:	Photo/Image taken	
First Aid #		Expiry date:	Photo/Image taken	
A.E.D. #		Expiry date:	Photo/Image taken	
C.P.R. #		Expiry date:	Photo/Image taken	
ROC(M) #		Date Issued:	Photo/Image taken	
Other Cert's Or Courses		Description:	Photo/Image taken	

Describe your boating and on water experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional skills and strengths relevant to your interest in marine search and rescue: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What goals and aspirations do you have with serving in Quinte Search and Rescue?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QSAR asks its volunteers to respond to calls weekdays, weekends and holidays as available, when paged via phone app. We require members to attend all training nights (usually 6-8pm), and some additional training exercises throughout the year. Is there any times that you would not be available to participate in rescues and training? Please describe:

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Do you volunteer for, or are a member of other volunteer organizations? Please list:

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Do you currently have, or have had, any medical conditions that would hinder your role and competency as a first responder on the water? Do you have special medical needs we need to know about, or require medication? Please describe in detail: \_\_\_\_\_

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Which of the following are areas of interest to you, and where you would be able to participate?:

Fundraising Initiatives		Community Events		Vessel/Equipment Maintenance	
CCGA Events		Public Safety/Boater Education		Administration	

Have you been a member of QSAR or the Canadian Coast Guard Auxiliary before? When and which unit?: \_\_\_\_\_

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How did you hear about Quinte Search and Rescue?:

QSAR Facebook		(P)Paper - (R)Radio - (O)Online News		CCGA Booth (B) or Website (W)	
QSAR Website		(C) Current - (F) Former Member		Other :	

Do you possess a valid drivers licence and what class?: \_\_\_\_\_

How far do you live from Meyers Pier Marina in minutes?: \_\_\_\_\_

What additional experience, services or expertise can you provide to the organization? Please describe: \_\_\_\_\_

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Are you bondable and permitted to participate in exercises with the Canadian Armed Forces, fire, and police departments?: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

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Will you allow, and grant QSAR permission to use your image in media campaigns, news articles, social media, website and promotional campaigns?: (Y/N) \_\_\_\_\_

If no, please provide a brief reason for this: \_\_\_\_\_

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Additional Comments or questions: \_\_\_\_\_

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**I certify that the information provided in this application, for membership with Quinte Search and Rescue (QSAR), to be true and accurate at the time of my application. I understand any misrepresentation or falsifying of information, may result in my immediate disqualification for membership and suspension with the unit. I agree as a condition of successful acceptance for membership, that I will solemnly abide by the rules, regulations, bylaws and conditions set out by Quinte Search and Rescue (QSAR). I agree to represent Quinte Search and Rescue (QSAR) with professionalism and integrity, and to conduct myself in a manner which reflects the best traditions and principles of the Canadian Coast Guard Auxiliary.**

*Signature of applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of Unit Leader:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Application received by Unit Leader: (Y/N) _____	Date: _____
Interview and screening conducted by Unit Leader: (Y/N) _____	Date: _____
CCGA Forms signed and completed by applicant: (Y/N) _____	Date: _____
CCGA Forms sent to District Director: (Y/N) _____	Date: _____