

Pacific Coast Water Rescue

Application for Team Membership

FULL NAME			
POSITION APPLYING FOR (LEAVE BLANK IF UNKNOWN):		ARE YOU A BOAT OWNER:	
MAILING ADDRESS (HOME)			
CITY	STATE	ZIP	PHONE
CURRENT EMPLOYER & ADDRESS			
CITY	STATE	ZIP	FAX
HOW DID YOU HEAR ABOUT US:	E-MAIL:		BEST WAY TO CONTACT YOU:
REFERENCE #1		PHONE #	
REFERENCE #2		PHONE #	
EMERGENCY CONTACT:		PHONE #1	PHONE #2

Do you have any of the following Certs / Quals:

- EMR (First Responder)
 EMT
 EMT-P
 RN
 OMD (For Verification) Lic. # _____
 Coxswain _____(Tons)
 SRT _____
 WWR _____
 RS _____
 FF
 OLE
 Prior Service: _____

Do you SWIM: <input type="checkbox"/> Like a fish <input type="checkbox"/> I float well <input type="checkbox"/> Sink like a rock	How OFTEN?	Do you have experience boating in any below: <input type="checkbox"/> Ocean <input type="checkbox"/> River <input type="checkbox"/> White Water <input type="checkbox"/> Lake
WHAT WATER RECREATION AREAS DO YOU FREQUENT? <input type="checkbox"/> Boating <input type="checkbox"/> Swimming		Have you experienced swimming in any below: <input type="checkbox"/> Ocean <input type="checkbox"/> River <input type="checkbox"/> White Water <input type="checkbox"/> Lake

What other types things do you like to do for fun in or outdoors?



SIGNATURE:	DATE:
PRINT NAME: TITLE (IF APPLICABLE):	

Please return application to a team member, email it to: John@PCWR.us or bring it to our next function.