A picture containing drawing, outdoor

Description automatically generated

# Membership Application

This form may be completed in Microsoft Word by typing next to the >. You can use ‘Tab’ to move to the next line

|  |  |
| --- | --- |
| Surname: | > |
| Forenames: (Known As) | > |
| Date of Birth: | > |
| Home Address: (including Post Code) | > >  >  > |
| Occupation: (If applicable) | > |
| Work Address: (if applicable)  (including Post Code) | > >  >  > |
| Preferred Contact Telephone Number: | > |
| Email Address: (Block CAPITALS) | > |

**Relevant experience: (click/tick as appropriate)**

|  |  |  |
| --- | --- | --- |
| **Boat** | **Hill Walking** | **Climbing/Mountaineering** |
| **First Aid** | **Communications** | **Another Rescue Team** |
| **Administration** | **Finance** | **Engineering/Maintenance** |

**(**If previously involved with another Rescue team, please give details on a separate sheet)

**Details of other relevant certificated experience/ certificated qualification or skill:**

>

**If you are applying to become an operational member, are you confident in water? Insert YES or NO >**

**Brief Details of any relevant Medical Condition:**

>

**Do you hold a full UK Driving Licence? Insert YES or NO >**

**Please provide Name & Email Address of two Character Referees:-**

|  |  |
| --- | --- |
| Employer | Other |
| > | > |
| > | > |

**To which SARA Station do you wish to affiliate:**

>

(See Over)

**Statement of Motivation**: (please outline below why you wish to join SARA and what you feel you can offer the Association.)

|  |
| --- |
| > |

**Please note that, following the recruitment process, SARA may conduct a background or DBS check**

**Date: -**

When completed, please send by email to: [info@sara-rescue.org.uk](mailto:info@sara-rescue.org.uk) or by mail to:

SARA

The Lifeboat & Rescue Station

Beachley

Chepstow

NP16 7HH