

# TIDEWATER SEARCH AND RESCUE GROUP

## REGULAR MEMBERSHIP APPLICATION

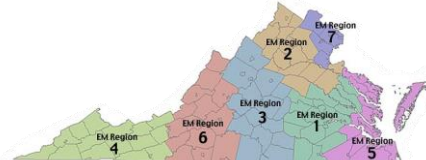
Rev 2023-11-1

|                                                                                                                                               |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Type of Membership: Full <input type="checkbox"/> Associate <input type="checkbox"/> .<br><i>See pg two for membership type descriptions.</i> | Date: ____ / ____ / ____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name: _____ First: _____ M: _____<br>Address: _____<br>City: _____ State: ____ ZIP: _____ - _____<br>Phone: Cell (____) ____ - _____ Home (____) ____ - _____<br>Cell phone Provider: _____ ie: Verizon, AT&T, etc.<br>Will you accept group business and mission related text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>E-Mail: (primary) _____<br><br>Race (Required for Background Investigation) – Circle One:<br>Asian/Pacific Islander      Black      Indian/Alaskan Native<br>Unknown/Other      White | DOB: ____ / ____ / ____<br>SSN: (Required) _____ - _____ - _____<br>Height: _____ Weight: _____<br>Hair: _____ Eyes: _____<br>Glasses / Contacts: Y ____ N ____<br>Allergies: _____<br>_____<br>Medications: _____<br>_____<br><i>All medical information is kept confidential</i> |
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical Training Certification: Expires:<br>_____ / ____ / ____<br>_____ / ____ / ____<br>_____ / ____ / ____<br>I understand that it is my responsibility to achieve certifications in Basic First and CPR/AED within one year of membership.<br><b>Initial</b> | SAR Certifications / Experience: (Yr/ Month certified)<br>Please list any SAR Certifications or SAR courses you have attended.<br>1. _____ Dates: _____<br>2. _____<br>3. _____<br>4. _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                  |                                                                                                                                                       |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outdoor Experience: (Please describe)<br>_____<br>_____<br>_____ | Primary Transportation: Yr: _____, Make: _____<br><br>Model: _____, Color _____, Tags: _____<br><br><i>This information is for emergency use only</i> |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                   |                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Mission Availability: Full <input type="checkbox"/> , None <input type="checkbox"/> , Limited <input type="checkbox"/><br><br>If limited, specify: _____<br>(ie: weekends, evenings, within 100 mile radius, etc) | How far are you willing to respond? (circle)<br> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

What is your current occupation? \_\_\_\_\_

Are you currently volunteering with any other organizations? Yes  No  If yes, please list: \_\_\_\_\_

How did you hear about TSAR?: \_\_\_\_\_

\_\_\_\_\_

**Please list an Emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact#: \_\_\_\_\_

Why do you want to do Search and Rescue? \_\_\_\_\_

\_\_\_\_\_

What is it that you expect from TSAR? \_\_\_\_\_

## MEMBER DEFINITIONS

Before signing this application we want to make sure that you understand the different classifications of membership. The following will elaborate on the selection you made on the first or front page of this application. Please note that a member can switch between Full and Associate membership at any time by notifying the BOD

### **Full Member**

Full Members are those who have already attained a minimum certification of Search Team Member (STM), participate in searches and multidisciplinary exercises, attend in a minimum of 5 TSAR sponsored weekend field trainings per year, attend a minimum 25% of monthly membership meetings in a given year and participate in group fundraising activities when able. Full Members shall have voting privileges following their probationary period. Application Fee \$30.00

### **Associate Member**

An Associate Member is any person who does not desire to become an active field resource with Tidewater Search and Rescue Group, Inc. but would like to assist the team in daily operations and administration support. Associate members may be appointed to some offices within the organization (typically limited to Finance, Documentation, Dispatch, and Medical), sit on committees, attend TSAR hosted training and meetings, fundraisers, and fulfill duties and responsibilities as directed in the TSAR Process Manual. Associate Members shall only have voting privileges if they hold a seat on the Board of Directors. Application Fee \$30.00

### **Probationary Period**

Upon acceptance of a signed application, any persons or individuals seeking active membership with TSAR are placed on probationary status for a minimum of six (6) months to a maximum of twelve (12) months. During this period the TSAR BOD will decide to approve or deny the individual's membership based on the member's participation and performance.

Applicants must begin attending TSAR weekend field training and meetings within 60 days of application acceptance and submit to a criminal background check. Failure to do so, without clear communication with team Training and/or Operations officers will result in dues being returned and your name stricken from the roster. If participation is limited due to temporary events (military, work, life) beyond the applicant's control, but they still desire to be on the team, they are expected to contact a TSAR office to advise them of the situation. Any person failing to successfully pass a criminal background check (see below) will not be accepted as a member of any type and may be granted a refund of application fee, upon request.

**Please submit this application in person at a regularly scheduled general membership meeting or monthly training with the applicable membership dues. (Cash or check only)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

TSAR  
P.O. Box 8381  
Virginia Beach, VA 23450

# Tidewater Search and Rescue Group, Inc.

## 12 VAC 5-31-910. Criminal or enforcement history

The Tidewater Search and Rescue Group (TSAR) is an active member of the Virginia Search and Rescue Council (VASARCO). As such, and in conjunction with the rules and regulations governing EMS (Emergency Medical Services) agencies in the state of Virginia a background check must be performed on all new members. Please carefully read the information and sign where indicated in the presence of a witness. Signing this form gives TSAR your permission to conduct a background investigation. No person will be considered an active member of the organization (TSAR) until a favorable reply is received back from the background investigation.

**Personnel performing EMS services shall meet and maintain compliance with Virginia Code 12 VAC 5-31-910 - Criminal or Enforcement History. Below are highlights of the referenced section. For a full copy of the law search online for "12 VAC 5-31-910".**

1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
2. Has never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his or her care or protection in which the victim is a patient or is a resident of a health care facility.
4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during this time.
5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
6. Is not currently under any disciplinary or enforcement action from another EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.
7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

Signature of Prospective Member: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Prospective Member: \_\_\_\_\_

Both signatures must be signed at the same time and dated. Please make a copy for personal file.

Submitting this application for membership consideration does not constitute automatic membership in the group. All applicants will be vetted for no less than six months and then advised of their status within the group.

# CODE OF ETHICS

The following is taken from the Tidewater Search and Rescue Group's By Laws. All members are to be held to the Tidewater Search And Rescue Group, Inc. Code of Ethics as documented below, and as amended in future updates. Members shall be notified of any updates that may occur.

## ARTICLE XI: CODE OF ETHICS

- A. The application for membership shall provide that the applicant, if approved, agrees to abide by these By Laws and all Rules adopted by the Executive Board. He/she further agrees to abide by the Code of Ethics.
- B. No member will act in a manner prejudicial to TSAR or to the best interests of its Associations. No member will knowingly falsify any record or document in connection with their certification or qualifications. In any exhibition, training or workshop, no member will conduct him/herself otherwise than in accordance with the highest traditions and standards of fair play and good sportsmanship.
- C. Any member in good standing may prefer charges against any other member for alleged conduct in violation of the above Code of Ethics. Such charges must be in writing and signed by the complainant, setting forth the facts upon which the charges are based in a concise and summary manner, and shall be filed with any Executive Board member. The complainant must agree to appear and furnish full evidence in support of the charges if requested to do so. A Grievance Committee will be formed by the Executive Board and will then proceed as described in Article X.

I hereby acknowledge having attended a New Member Orientation meeting, read the Code of Ethics and further agree to abide by said requirements while an applicant to, or full member of, Tidewater Search And Rescue Group, Inc.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

|                                          |                                |                           |                |                    |
|------------------------------------------|--------------------------------|---------------------------|----------------|--------------------|
| <b>To be filled out by TSAR Officer;</b> |                                |                           |                |                    |
| Dues Paid: Yes <input type="checkbox"/>  | No <input type="checkbox"/>    | Date Paid ___ / ___ / ___ | Check #: _____ | Received By: _____ |
| Cash <input type="checkbox"/>            | Check <input type="checkbox"/> |                           |                |                    |

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