EXMOOR

**Supporters Application Form:**

**Please return the completed application form:**

MEMBERSHIP SECRETARY
'HUISH' MYRTLE LANE, WELLINGTON, SOMERSET TA21 0EJ
TELEPHONE (01823) 674169
E-MAIL: membership@exmoor-srt.org.uk

***Please continue on another sheet if necessary for any section.***

## 1. Personal Details/Contacts

| Surname: | Forenames: | Date of Birth: |
|---|---|---|
| Address: | | |
| Post code: | E Mail: | |
| Tel. Home: | Tel. Work: | Tel Mobile: |

**Occupation**

Current position:

Previous employment which may have enhanced your services to helping a charity involved in providing search and rescue

Describe your knowledge of the Somerset /Devon area

Nil Minimal Average Good

Give dates of any relevant qualifications that you have:

| **First Aid Qualification** |
|---|
| Type:<br>Expiry date: |
| **Other qualifications – e.g. Accounting** |
| |

Please give details of experience which may be of use to the Team e.g. off road driving, advanced driver, boating, radio communications, computer skills, fund raising

Are you currently a member of any other voluntary, or similar, organisation? If yes please give an indication of time commitment.

Please give details of any medical conditions (especially cardiac problems, diabetes, epilepsy or asthma), which could have an impact on your service with the team or should be made known to the Medical officer on a confidential basis.

Please state briefly why you wish to become a supporter of the Exmoor Search and Rescue Team.

Please give details of two people who would be willing to act as referees for you.

| | |
|---|---|
| Name: | Name: |
| Occupation: | Occupation: |
| Address: | Address: |

How did you hear about the team?

# Policy Statements

Exmoor Search and Rescue Team is a recognised Police resource, therefore it is imperative that persons who are invited to join, wear the badge and represent the team, are recognised as being responsible members of the public, capable of upholding the law and protecting vulnerable persons.

# *Health and Safety statement*

*It is the responsibility of all volunteers to abide by regulations and procedures laid down for their health and safety. It is a condition of membership that they take reasonable care to safeguard their health and safety and that of other persons who may be affected by their actions at work. Volunteers who are aware of any condition, which may be dangerous or unsatisfactory, are to bring the matter to the attention of the Team Leader or the committee.*
*All injuries, however slight, must be reported to the Team Leader and must be entered in the Accident Book as soon as possible. The accident book is located at the Team vehicle HQ. Team Risk assessments are available on the team website (paper copies on request), and in the team HQ. These are regularly updated. Everyone involved with the team should make themselves familiar with their content.*

**If you have any questions regarding any of these procedures please contact the membership secretary:**

*'Huish', Myrtle Lane, Holywell Lake, Wellington, Somerset. TA21 0EJ*

***Disclaimer***

*I will not purport to represent the team or act on its behalf without the authority of the Team Leadership / executive committee.*

*I will not use the Teams name in any connection without the authority of the Team Leadership / Executive Committee.*

*I understand and agree to abide by the above. Information given is a true record; Falsification may lead to any subsequent offers of membership being withdrawn.*

*Signed……..Dated……*