



MEMBER APPLICATION & AGREEMENT

DUES FEES: \$40.00

NAME: _____ **DATE:** _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **E-MAIL:** _____

Considerations or limitations re availability for call out: _____

Special skills and training: _____

Number of (certified) horses available for search: _____ (to be completed after certification)

Description: (age, sex, color, name, etc.) _____

Emergency contact information:

_____ (Name) _____ (Relationship)

Phone: _____ Address: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, grant permission that I may receive necessary medical treatment for illness or accident.

Medical Insurance: _____ ID# _____

Date of Birth: _____ Date of Last Tetanus Vaccination: _____

Allergies, special medications or conditions: _____

Date: _____ Signature: _____



CERTIFICATION REQUIREMENTS:

SEARCH PERSONNEL	
Current COMSU Member	_____
At least 18 years of age	_____
Meet Licking Co. EMA requirements	_____
Member Data sheet on file	_____
Mounted Members:	
Horse(s) Certified in:	
Obstacle Course	_____
Qualifying Trail Ride	_____
Formation training	_____
Procedure training	_____
Navigation & communication training:	
Map/Compass/GPS	_____
Radio protocol	_____
One search simulation	_____
Emergency First Aid and CPR Certification	_____
Or Medical Doctor/Nurse	_____
Or EMT	_____

ANNUAL RE-CERTIFICATION REQUIREMENT:

SEARCH PERSONNEL	
Maintain current COMSU Member Status	_____
Participate in a search simulation or an actual search	_____
Remain certified in First Aid and CPR	_____

SUPPORT PERSONNEL	
Current COMSU member	_____
At least 18 years of age	_____
Meet Licking Co. EMA requirements	_____
Member Data sheet on file	_____
Procedure training	_____
One search simulation	_____

SUPPORT PERSONNEL	
Maintain current COMSU Member Status	_____
Participate in a search simulation or an actual search annually	_____

HORSES	
Meet Qualifying Standards	_____
Pass Obstacle Course	_____
Pass Qualifying Trail Ride	_____
Complete Formation Training	_____

HORSES	
Must be involved in at least <u>one</u> COMSU activities yearly	_____

AGREEMENT

I understand that I must complete the Initial Certification requirements and maintain Recertification requirements each year to retain membership in Central Ohio Mounted Search Unit.

Date: _____

Signature: _____