

## County SART Member Application

Please print legibly in black or blue ink. Items marked with an asterisk **must** be completed. If a question does not apply to you (e.g. you do not have a cell phone), then write 'NA' in the answer space. There are three pages to this application – make sure you complete all the pages and sign it!

Last Name of Member*		First Name of Member*	
Are you already registered as FLSART member online?    YES    NO If "NO," please provide the user name you would like to have. Minimum of 6 characters, max 12. _____			
Affiliated Organization*		Title*	
<i>Business Mailing Address*</i>	Number and Street	City, State	Zip Code
	<i>Residential Mailing Address*</i>	Number and Street	City, State
Preferred Mailing Address* <input type="checkbox"/> Business <input type="checkbox"/> Residential	Business Phone* (include area code)	Home Phone* (include area code)	Fax* (include area code)
	Pager* (include area code)	Email*	
Cell Phone* (include area code)	Cell Phone Provider* (Circle one) This will allow an emergency text message to be sent to you in the future. Cingular    Sprint    Verizon    Alltel    Nextel: Direct Connect # _____    Other: _____		

### Personal Information

Providing the following information is optional, however please consider that you are going to be working with an emergency preparedness and response organization; this information may prove valuable in many instances.

Date of Birth	Height	Eye Color	Hair Color
Blood Type	Known Drug Allergies	Relevant Vaccinations (check those that are current)	
		<input type="checkbox"/> Smallpox <input type="checkbox"/> Anthrax <input type="checkbox"/> Other: Please Specify _____ <input type="checkbox"/> Tetanus <input type="checkbox"/> Rabies	

### Emergency Contact Information

Name of Emergency Contact (first and last)	Relationship to You	Address (street, city, state & zip code)	Home Phone (include area code)
Business Phone (include area code)	Cell Phone (include area code)	Email	

### Certifications and Specialized Training

Please list/mark any certifications you currently possess. Provide registration or license numbers as appropriate.

CPR Certification Training Organization _____  Expires _____	First Aid Certification Training Organization _____  Expires _____
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**Other Certifications or Specialized Training**

<i>Title</i>	<i>Dates Attended</i>	<i>License or Registration Number</i>	<i>Expiration Date</i>
1.			
2.			

**Other Skills**

Please list any additional skills you possess that you feel may be useful to SART activities. Some examples may be electrician, carpenter, HAM radio operator, foreign language fluencies, etc.

1.	2.
3.	4.

By signing below, I certify that the information contained above is truthful and accurate. I understand it is my responsibility update my membership information and notify SART of any applicable changes. This information is to be used for SART activities only and will not be transferred or sold to outside parties.

Member Signature*	Printed Name of Member*	Date*
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**ADMINISTRATOR USE ONLY**

Reviewed by	Date Received	Approved	Date of Approval
Entered onto Member Roster	Entered online		
Comments			