

Ogwen Valley Mountain Rescue Organisation

Charity Reg. No 502442

Insert Photo
here

Please ensure that you have read and can satisfy the “Prerequisites For Trainee Membership” before completing this form.

Application for Trainee Membership

Full Name:

DOB

Home Address

Work Address

Home Tel:

Work Tel:

Mobile:

E-mail:

Availability for operations

Weekends: Yes / Usually / Sometimes / No

Weekdays 18:00 – 07:00 Yes / Usually / Sometimes / No

Weekdays 07:00 – 18:00 Yes / Usually / Sometimes / No

If you operate a shift or rota system, please indicate normal pattern:

Personal

Are you a member of any other voluntary or rescue organisation? Eg Coastguard, Retained Firefighter, TA? Please give details.

Have you any medical problems that may affect your ability to carry out all rescue duties? (eg chronic illness or injury, allergies etc) Please give details

Have you been immunised against Hepatitis B and Tetanus?

Do you hold a Full UK Driving Licence?

Do you have, or have you had, any criminal convictions? Please give details.

Do you consent to an ISA (Independent Safeguarding Authority) check?

Mountaineering Experience

Give brief details of:

British summer climbing/mountaineering

British winter climbing/mountaineering

Climbing/mountaineering outside the UK

Mountain Rescue Experience

Relevant qualifications eg ML(S), ML(W), MIA, MIC, BMG First Aid certificate

DECLARATION

I wish to be considered for membership of Ogwen Valley Mountain Rescue Organisation and I recognise that there may be occasions when the work may involve a danger to participants. I also recognise that the Organisation cannot be held responsible for any injury or financial loss resulting from participating in its operational and training requirements. I understand that I am required to satisfactorily complete the training programme.

Signed:

Date: