

# Langdale/Ambleside Mountain Rescue Team

## Membership Application Form

Full Name :

Home Address :

Date of birth :

Occupation :

Contact tel. no.

Home :

Work :

Mob :

E-mail address :

Next of kin :

Address :

Contact tel. no.

Home :

Work :

Mob :

Relationship to applicant :

CONFIDENTIAL

**Please complete the following questions honestly.**

When will you be available for call outs?

**What experience do you have in each of these areas?**

(Include when, where and how long)

1) Rock Climbing

2) Mountain Walking/Scrambling

3) Winter/Alpine Mountaineering

4) Mountain Rescue

**Do you hold a valid, current first aid qualification? (It is understood that holding such a qualification is a prerequisite of acceptance for training)**

Yes/no

Please state which...

**Do you have any other skills, qualifications or experience that you believe would be of use to the Team ?**

**Do you have a full current driving license valid in the U.K.? Yes / No**

**Do you have any convictions for motoring offences, or points on your license ? Yes / No**

If yes please give full details.

Have you ever suffered from : Diabetes, Epilepsy, Defective Hearing or Vision (not corrected by glasses/contact lenses), Heart Disease or any other condition, illness or Physical Disability that could in any way affect your ability to perform Rescue duties ? Yes / No

If Yes please give full details.

Please give the names and addresses of two referees (not members of your family) Current Team members would be suitable.

1)

2)

I wish to be considered for membership of the Langdale/Ambleside Mountain Rescue Team on a probationary basis, and agree to abide by the Constitution and Rules & Procedures of the Team as a condition of membership.

I hereby consent to be bound by the Memorandum and Articles of Association of the Langdale Ambleside Mountain Rescue Team and to abide by its Rules and Procedures.

I hereby also consent to the Langdale Ambleside Mountain Rescue Team processing the data on my membership application form, and (if applicable) subsequent data collected during the course of my membership, in line with the requirements of the Data Protection Act 1988 and any subsequent revisions.

I understand that the decision of the main committee is final in matters concerning membership.

Signed :

Date :

Please return form to :

The Training Officer, Langdale/Ambleside MRT,  
Low Fold, Lake Road, Ambleside, Cumbria, LA22 0DP.