



Mary's Peak Search and Rescue
PO Box 2272
Corvallis Oregon 97339

Telephone: (541-766-6045)
Email: mpsar1@yahoo.com
Website: www.mpsar.org

Membership Application

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Other states in which you have resided: _____

Home Phone: _____

Work Phone: _____

Pager: _____

Cell Phone: _____

Email: _____

DOB: _____

Social Security number: _____

O.D.L: _____

O.D.L issue date: _____

Do you have SAR certification from Oregon or another State? _____

Please indicate the reasons you would like to join MPSAR: _____

Who referred you or how did you learn of Mary's Peak Search and Rescue? _____

On a separate sheet of paper, attach a photocopy of your driver's license and list three personal/professional references (name, address, and phone number).

Voluntary Information:

Occupation: _____

Employer: _____

Other volunteer memberships: _____

Persons convicted of a felony will not be considered for membership

I understand that the information I have provided will be used to conduct a criminal and driving background investigation. I certify that it is true and complete to the best of my knowledge. I authorize the release of this information to the Benton County Sheriff's Office.

Applicant's

signature: _____

Date: _____