Skagit 4Rivers Search and Rescue

Address: 2911 E College Way, Ste B, Mount Vernon, WA 98273 Email: fourriverssarunit@gmail.com

	Applicar	nt Contact Info	rmation			
Last	First		Middle		5	
Home Phone	Cell Phone			Cell Provider		
Email						
Emergency Worker Card: Nu	mber:	_ County:		I do not have o	one 🗖	
	Off High	nway ORV Exp	erience			
I actively ride: ☐ATV ☐	Dirt Bike Sid	de-by-Side	Dual Sport	□ 4x4 □	Snowmobile	
I own the following:	TV Dirt Bike	☐ Side-by-Sid	le 🗖 Du	al Sport 🔲4	x4 Snowmobile	
What type of vehicle/ORV/M	otorcycle/Snowmo	obile do you ow	n?			
How many hours have your ATV hours Dirt Bike hou		•			Snowmobile hours	
I have completed the following	ng: ATV Safet	ty Course	Motorcycle \$	Safety Course	Avalanche Safety	
Side-by-Side Safety Course	Dirt Bike School	☐Winch Trainir	ng 🔲 42	κ4 Operator Train	ning None of the above	
If you check any of the above date completed:	e, please list the c	course name, ag	ency nam	e providing the	e course, and	

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Off Highway Riding Experience continued						
My past riding/off-pavement experience includes:	Logging roads Trails Snow Sand					
	Other					
Where has most of your applicable experience taken place?						
Describe your applicable experience:						
Have you had any serious accidents while off-roading? ☐ Yes ☐ No Describe:						
Search and Rescue Team						
Why do you want to be part of the Skagit 4Rivers Search and Rescue Team? How do you think you could benefit the Skagit 4Rivers Search and Rescue Team?						
	erations					
Riding References						
Please provide two contacts who can provide an applicable riding reference for you:						
1. Name F	Phone					
2. Name F	Phone					