



# RESCUENET US

## MEMBERSHIP APPLICATION FORM

### INSTRUCTIONS

Thank you for submitting your application and congratulations on successfully completing your training course. You are embarking on a unique journey of faith and mercy.

Here are some points to keep in mind while filling it out this application:

- This application consists of four (4) components:
  - This membership application form, consisting of several parts.
  - Two reference forms.
  - A digital, color photo of yourself (head and shoulders, approx 2"x2" (5cm x 5cm) with no one else in the photo. The background should be fairly plain.) Photo can be larger than 2" x 2", but please keep it under 2Mb.
    - Email the photo at the same time you submit this application and state in the email that it is for your application.
- This application will NOT be reviewed until all parts have been received. This includes *all* segments of the applications, *both references* and the photo. *No exceptions.*
- We will begin processing the application once all these items have been received, whether digital or hard copy, but we will not complete the process until *all original signed* forms have been received.
- Please take your time and read each section carefully, entering all information and signing everywhere you are asked to.
- **Blood type:**
  - If you do not know your blood type, please get a test or donate blood soon. It can take a few weeks to get your results.
- If you have any questions about any portion of the application please ask the registrar before submitting it. Any section of the application that is incorrectly filled out will need to be resubmitted.
- **Reference** – have your references return the reference forms directly to the registrar, not to you.
- **Approval Process** – Once all components of this application have been received it will be submitted to the RescueNet International Board for approval. While we make every effort to process your application in a timely manner sometimes circumstances can slow the process down. Please allow four weeks after the complete application is received for our decision.

Thank you again for applying for membership in RescueNet US. I look forward to seeing you on the field serving those who so desperately need it. Many blessings to you as you take on a very unique and difficult challenge.

Sincerely,

Dave Mansfield  
Coordinator – RescueNet US



Please e-mail a digital photo.

# RESCUENET US MEMBERSHIP APPLICATION FORM

## PERSONAL DETAILS

**Name:** \_\_\_\_\_  
First Middle Surname

**Address:** \_\_\_\_\_  
Street

Suburb/City State/Province Postal Code Country

Home Phone Mobile Phone Email

**Marital Status:** (check one:)  single  engaged  married  separated  divorced  widowed

**Date of Birth:** \_\_\_\_\_ **Location of Birth:** \_\_\_\_\_  
day/month/year city/state/country

**Citizenship:** \_\_\_\_\_  
If multiple citizenship, please list all countries

### Passport Details:

Nationality Place of issue Date of issue (day/month/year)

Passport Number Expiration Date (day/month/year)

### Passport Details:

(If multiple passports) \_\_\_\_\_  
Nationality Place of issue Date of issue (day/month/year)

Passport Number Expiration Date (day/month/year)

**Are you living in your current location on a visa? If yes, please provide details:**

Visa type Visa Number Place of Issue Expiration date

**Base or School Leader's details:** (if currently active)

**Name:** \_\_\_\_\_  
First Surname

**Address:** \_\_\_\_\_  
Street

Suburb/City State/Province Postal Code Country

Phone - work Phone – mobile Email

I recommend this applicant to apply for membership with RescueNet US.

\_\_\_\_\_  
Printed Name Signature Day/Month/Year

**In case of emergency contact:**

**Name:** \_\_\_\_\_  
First Surname Relationship

**Address:** \_\_\_\_\_  
Street

Suburb/City State/Province Postal Code Country

Home Phone Mobile Phone Email

**Other emergency contact:**

**Name:** \_\_\_\_\_  
First Surname Relationship

**Address:** \_\_\_\_\_  
Street

Suburb/City State/Province Postal Code Country

Home Phone Mobile Phone Email



# RESCUENET US

## MEDICAL

Name: \_\_\_\_\_  
First Middle Surname

Please provide as many details as possible. This information is critical for your team leader to know before and during a deployment – for your own safety. If you have any condition not mentioned, please add it on a separate sheet.

### Personal History:

Condition	YES	NO	Description/Medication
Skin conditions/Eczema			
Eye problems			
Ear problems			
Head injury/Reoccurring headache			
Epilepsy/Fainting spells/Convulsions/Fits			
Mental or nervous complaints, disorder/Anxiety/Depression			
Paralysis			
Insomnia			
Stomach pains/Indigestion/Heart Burn/Ulcer/Reoccurring diarrhea/Chronic constipation			
Kidney or bladder disease/complaint			
Diabetes or sugar in the urine			
High blood pressure/Heart trouble/Breathlessness/Chest pain			
Hay fever			

Asthma			
Continuing pain in any area			
Low blood pressure			
Rheumatism/Arthritis			
Dislocation of joints/Broken bones			
Surgery (appendectomy, tonsillectomy, hernia repair)			
Gall bladder			
Hepatitis/Jaundice			
Malaria/other tropical diseases			
Anemia			
Tumor/Cancer			
Any other conditions			

**Allergies to:**                      **YES** **NO**                      **Description/Medication**

Allergies to:	YES	NO	Description/Medication
Penicillin			
Antihistamines			
Serums			
Foods (specify)			
Anesthetics			
Ibuprofen/Aspirin/Tylenol/Etc.			
Animals/Insect Bites/Stings/Etc			
Any other medication			

<b>Females Only</b>	<b>YES</b>	<b>NO</b>	<b>Description/Medication</b>
Irregular periods			
Severe cramps			
Excessive flow			
Are you pregnant?			
Other			

Are you at present under a doctor's care for any condition? If yes, please provide details. Add paper if necessary.

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Are you taking any medication that is not mentioned above at this time? If yes, please provide details:

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**Blood type:** \_\_\_\_\_

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Applicant's Signature Day/Month/Year

**Please return this form, the Emergency Details form and the Release Form to:**

**RescueNet US**  
 452 E. Silverado Ranch Blvd.  
 #452  
 Las Vegas, NV 89183-6209

Phone: 702.723.8326 / Fax: 888.497.3620  
[registrar@rescuenetus.org](mailto:registrar@rescuenetus.org)  
[www.rescuenetus.org](http://www.rescuenetus.org)

**\*\*\*PLEASE UNDERSTAND\*\*\***

Submission of this application does not guarantee membership into RescueNet US.

The Board of RescueNet reserves the right to prayerfully consider this application, the Reference Form and your performance during training time. You will be informed of their decision as soon as possible.



# RESCUENET US

## EMERGENCY DETAILS

**Insurance details.** Please complete this form or attach copy of your insurance coverage. – If you have separate travel insurance, please attach also.

**Health Insurance Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street

Suburb/City Post Code State Country

Phone Fax Email

### Doctor's details:

**Doctor's Name:** \_\_\_\_\_  
First Surname

**Address:** \_\_\_\_\_  
Street

Suburb/City Post Code State Country

Phone Fax Email

**Bank details:** (this information is in case of the need to transmit funds to your account in the event of an emergency)

**Bank Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street

Suburb/City Post Code State Country

Phone Fax Email



# RESCUENET US

## PROBATIONARY PERIOD

In order to help ensure that RescueNet members are prepared for field work and for long-term service in this ministry, the board of RescueNet has created a two-step process to transition new members into full membership. Many of you who have been involved in emergency services, trade crafts or other professions/vocations have already undergone something similar. Sometimes there is an apprenticeship, sometimes a “junior membership.” In RescueNet we have a “Probationary Period” with two phases.

The two probationary period phases are:

1. **Training phase:** each probationary member is required to staff a RescueNet training course. This can take place at any location where a RescueNet course is being held.  
This helps the RescueNet staff to evaluate the probationary member in a team context, but a context far safer and more controlled than a deployment. The probationary member will work alongside experienced team members and may be given some areas of responsibility throughout the course.  
This gives the probationary member a better idea of the world of RescueNet as well as building relationship with the other team members present. It also gives the experienced team members the opportunity to see that person in action and to see how they handle teamwork, leadership, team relationships (including the ability to work with RescueNet leadership.)  
This also gives the probationary member a chance to be re-exposed to much of the RescueNet training and “keep it fresh.”
2. **Deployment phase:** Upon completion of the training phase the probationary member is then welcome to join a Team Leader on an actual deployment, provided they are otherwise deployable (see “Being Deployable” below.) This deployment will afford the probationary member actual deployment experience and a chance to see if emergency disaster response is really for them. It also gives the Team Leader and other experienced team members a chance to see how that person responds to the extreme conditions of a deployment. We will be able to evaluate how the probationary member handles stressful and dangerous situations, teamwork, rugged conditions, extreme flexibility, field leadership structures and the other components of emergency deployment.

Once these two phases have been completed successfully, the probationary member will be granted full team member status. Should either of these phases not be completed successfully, the probationary member will have a chance to repeat the incomplete phase. There may be exceptions to this, but they would have to be severe cases in leadership’s view. Note that there is no time limit on these phases. There is no timeframe for these two phases, but they must be completed in the order listed above.

Please know that it is our intention to help the probationary team member pass both phases as quickly and smoothly as they can. It is our desire to develop a large team as quickly as possible and is therefore in our best interest to help as many of you succeed in as short a span of time as possible. However, we do need to be sure, **first and foremost**, that our team is as safe as possible. We will do what we can to help each one succeed, but we will first make sure that each one is safe.

### **Being Deployable** (this applies to *all* team members.)

Briefly stated, in order for a team member to be deployable they must:

- Have had their application approved by the RescueNet training board.
- Have *current* First Aid and CPR certification by a nationally-recognized agency.
- Have an ongoing skills maintenance/development plan in place.
- Have the basic uniform and PPE purchased, available, and in good condition.
- Have completed their Probationary Period phase one (if applied in year 2007 or later.)



# RESCUENET US

## RELEASE FORM

- RescueNet US is currently under the supervision and direction of RescueNet Australia and the Australian Relief and Mercy Services. They are the governing body for RescueNet US.
- The Board of RescueNet Australia will prayerfully consider this application, but reserve the right to deny or cancel this application at any time.
- Once the application has been approved for membership, the member will be required to participate in a Probationary Period - see the attached outline.
- Throughout Phase 1 of the Probationary Period (PP 1), the member will be required to purchase and wear the basic uniform of one shirt, one pair of trousers, boots, belt, arm patches, name badge and cap.
- Once the member has successfully completed their PP1 the member will be required to participate in the second phase of their Probationary Period (PP 2). Before deployment, the member will be required to purchase the full uniform, plus the basic equipment as laid out in the "Uniform and Basic Equipment" form (supplied on request). Thereafter both uniform and equipment are to be maintained to deployable standards, at the member's own expense.
- Once the member has been approved for deployment, the Board of RescueNet US reserves the right to deny deployment the member at the Board's discretion.
- RescueNet deploys quality trained people, so as a basic minimum the member agrees to continually maintain at least one Emergency Relief skill of their choosing and hold a current first aid certificate. They understand that failure to comply with this protocol could render the member as non-deployable.
- The member is to make it a priority to attend all extra-curricular activities run by the RescueNet Board.
- The member is required to pay for all future training, all deployment costs including airfares, all 'on ground' transportation costs, accommodation, full board, and all personal items.
- The applicant understands that RN members may be exposed to very high and even extreme levels of warfare, disease, sickness, banditry, violence, stress, trauma, personal injury and other personal deprivation such as lack of sleep, lack of food, lack of fresh air, lack of shelter, lack of security, etc.
- In the case of illness or accident during a RescueNet event or deployment, in signing this form, the applicant understands that he/she agrees to any treatment, including anesthesia, and/or surgery deemed necessary by a registered Medical Practitioner, at the member's own expense.
- The applicant agrees to fully abide by the Rules and Regulations of the Australian Relief and Mercy Services Limited (ARMS), and of RescueNet Australia (outlines supplied on request).
- Whilst the Board of RescueNet Australia and the Australian Relief and Mercy Services Limited will endeavor to maintain high levels of morals, training and security, the applicant, in signing this form, releases the Board of RescueNet Australia and the Australian Relief and Mercy Services Limited, their agents and volunteer assistants from any responsibility what so ever arising out of loss of life, personal injury, or loss of equipment or personal property.
- The applicant understands that future updated waiver and declaration forms may need to be signed.

In submitting this membership application form, I \_\_\_\_\_ have read, understand  
(Print Name)  
and agree to the above-mentioned terms and conditions.

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Signature

Day/Month/Year

Date and Location of Training

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# RESCUENET US

## REFERENCE FORM

The person presenting this form has applied for membership with RescueNet US. RescueNet is an Emergency Relief program with activities to professionally train and rapidly deploy volunteer personnel into disaster events in order to help stabilize the situation, typically over a 1-4 week period.

When completing this form please remember the applicant may be exposed to extreme levels of warfare, disease, sickness, banditry, violence, stress, trauma, personal injury, and personal deprivation such as lack of sleep, lack of food, lack of fresh air, lack of shelter, lack of security, etc.

Depending on your relationship with the applicant, we understand that you may not be able to fully answer all the questions, but we appreciate your efforts to answer those you can. And please be as thorough as possible. Feel free to add additional sheet(s) of paper if necessary. Thank you for your time.

**Applicant's Name:** \_\_\_\_\_  
First Surname

Under what circumstances have you known the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How would you describe the applicant's psychological, emotional and physical stabilities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant suffer from disorders of any kind? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you think the applicant would cope and work well under stress/pressures/extreme circumstances? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any prejudice against any other race, nationality, culture or religion? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does the applicant perform in the following areas?

Teamwork \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Following directives/instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diplomacy/Confidentiality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reliability/Loyalty \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholastically / Academically \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Name:** \_\_\_\_\_  
First Surname

Home Phone Mobile Phone Email

\_\_\_\_\_  
Signature Day/Month/Year



# RESCUENET US

## REFERENCE FORM

### Mailing Instructions

**Thank you for your time to complete this form.  
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RescueNet US  
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#452  
Las Vegas, NV 89183-6209

Phone: 702.723.8326 / Fax: 888.497.3620  
[registrar@rescuenetus.org](mailto:registrar@rescuenetus.org)  
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**Note: While we accept digital copies and faxes of forms to expedite the application process, the application will not be fully processed until we receive your *original, signed* reference forms and application.**

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First Surname

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How long have you known the applicant? \_\_\_\_\_

How would you describe the applicant's psychological, emotional and physical stabilities? \_\_\_\_\_

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Does the applicant suffer from disorders of any kind? \_\_\_\_\_

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Do you think the applicant would cope and work well under stress/pressures/extreme circumstances? Why or why not?

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Does the applicant have any prejudice against any other race, nationality, culture or religion? \_\_\_\_\_

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How does the applicant perform in the following areas?

Teamwork \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Following directives/instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diplomacy/Confidentiality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reliability/Loyalty \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholastically / Academically \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Name:** \_\_\_\_\_  
First Surname

Home Phone Mobile Phone Email

\_\_\_\_\_  
Signature Day/Month/Year



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