

YSAR Hamilton

Membership and Leader Application Form for 2012

For more details visit the YSAR website at www.ysar.org.nz

<p><u>Name</u> <u>Address</u></p> <p><u>Email Address</u> <u>School or Occupation</u> <u>Date of birth</u> <u>Age</u> (at 1/2/2012) <u>Home Phone</u> (07) - <u>Gender</u> M F <u>Work Phone</u> (07) - <u>Mobile Phone</u> (02) -</p>	<p><u>PARENTS</u></p> <p><u>Name</u> Mother</p> <p><u>Address</u> (if different)</p> <p><u>Email Address</u></p> <p><u>Home Phone</u></p> <p><u>Work Phone</u></p> <p><u>Mobile Phone</u></p>	<p>Father</p>
<p><u>Skills & Experience</u> (Where 0 = no experience, 5 = very experienced) Briefly outline relevant experience.</p> <p>Camping <input type="text"/></p> <p>Bushcraft <input type="text"/></p> <p>Navigation <input type="text"/></p> <p>Computers <input type="text"/></p> <p>Other (Please specify)</p>		
<p><u>Outdoor Training Courses Completed</u> Date completed</p>		
<p><u>Bush Experience</u></p> <p>Tramping <input type="text"/> Years <input type="text"/> Trips</p> <p>Hunting <input type="text"/> Years <input type="text"/> Trips</p> <p>Other (Please specify)</p>		<p>Your view of your <u>Current Fitness Level</u> (1-5): <input type="text"/></p> <p style="text-align: center;">(1= unfit, 5 = very fit)</p>
<p><u>Medical Conditions & Limitations</u> (include injuries with long-term effects, can't swim, asthma, allergies, etc)</p>		
<p>In your own words describe why you would like to join the YSAR Group with the reasons that your application should have serious consideration:</p>		
<p>Continue on other side or another sheet</p>		
<p><u>I am Applying to be a YSAR MEMBER</u> <input type="checkbox"/></p> <p>In applying for membership of YSAR Hamilton I agree that, if my application is successful, I will abide by the YSAR code of conduct. I also consent to a check of my Police records.</p> <p>Signature: Date:</p>	<p><u>Parent or Guardian</u></p> <p>I support this application and approve the proposed involvement in YSAR.</p> <p>Signature: Date:</p>	
<p><u>I am Applying to be a YSAR LEADER</u> <input type="checkbox"/></p> <p>In applying to be a YSAR leader I agree that, if my application is successful, I will abide by the YSAR code of conduct. I also consent to a check of my Police records.</p> <p>Signature: Date:</p>	<p>For members – my parents can offer the following skills and/or assistance:</p>	

Send completed forms to: **YSAR Hamilton, P O Box 15049, Hamilton**