

Mountain Rescue Association

THE UNIT MEMBERSHIP APPLICATION PROCESS

Please review the Policy 101 (below) for "Membership Qualifications". You need not be accredited to join. Typically, new teams join as Associate Members and then go through the accreditation process over the next several years. Once you have completed your application, return it to the MRA. If you do not yet have a Sponsor-Team from the Region, one will be arranged. You are highly encouraged to attend a Regional meeting and the National MRA meeting following your submission of an application in order to introduce your team and for us to give you support.

Dues and Fees

A one-time non-refundable processing fee of \$250 USD is charged for the application. The MRA votes new applicants twice annually at the winter meeting and the June conference. Once you have been approved you are required to submit dues of \$15.00 per active team member (Rescue & Support) for a minimum of \$225 and a maximum of \$1,000 USD. Dues are collected annually on January 1 and must be paid before a member team will be allowed to vote at a business meeting. Ex-Officio teams are not required to pay dues or fees.

Membership Categories

Mountain Rescue Association is composed of three membership categories as defined by Policy 101. They are:

- 1) Regular - Volunteer teams accredited in all areas
- 2) Ex-Officio – Governmental/Professional teams that may be accredited in any or all areas
- 3) Associate – SAR related organizations that may be accredited in one or more areas.

Ex-Officio non-accredited and Associate non-accredited status needs only an administrative process. It requires Region, Membership Committee and Board approval.

Regular, Ex-Officio or Associate with Accreditation, the region and sponsor team will schedule orientation meetings and joint trainings, as well as schedule the actual accreditation. The Accreditation Evaluation Team is made of qualified senior MRA team members from your area. Field evaluations may be done in your response area.

If you choose to accredit, the evaluations will include the following, depending on the Accreditation category and specific regional requirements as covered in Policy 103

Revised 7/6/2004

1. Administrative Evaluation:

A. An extensive administrative review of your application package for the necessary information and supportive foundation.

2. Field Evaluation:

A. WILDERNESS SEARCH

Mock Search Operation

Table Top Search Discussion

B. TECHNICAL ROCK

High Angle Evacuation

Scree Evacuation

Hauling Systems

Oral Exercise of Safety Factors, Equipment Strengths and Dynamics, etc.

C. SNOW & ICE

Snow Evacuation

Ice Evacuation

Avalanche and Crevasse Safety and Rescue

Oral Exercise of Safety Factors, Equipment Strengths and Dynamics, etc.

D. ADDITIONAL ASSESSMENT FACTORS

Organization, Leadership, Problem Solving, Multi-Agency working Relationships

Overall Technical Skills

Medical Skills and Treatment of Patients

Overall Safety

Helicopter Use and Safety

Once the testing is done, the Evaluation Team makes a recommendation to your Regional Chair, who then passes it on for voting by the MRA at the next national meeting (meetings are twice a year: the winter meeting and the June conference). Upon your acceptance to the MRA, **we hope that you will be able to attend this meeting so that we may welcome you as a new MRA Team or Agency.**

THANK YOU FOR YOUR INTEREST

If you have any additional questions after you have reviewed the packet, please call one of the contacts listed on the cover sheet.

Mountain Rescue Association



APPLICATION FOR REGULAR / ASSOCIATE MEMBERSHIP

TYPE OF MEMBERSHIP: Full Associate Associate Accredited

a. **Associate Accredited ONLY**, check boxes for the areas you are seeking accreditation:

Technical Rock Snow and Ice Rescue Search and Tracking

DATE OF APPLICATION: _____

1. Name of Organization: _____

2. Organization's Mailing Address: _____

City _____ State _____ ZIP _____

E-Mail _____

3. Type of organization: _____ Date Organized: _____

4. What is your unit's Mission Statement or purpose: _____

5. Do you charge agencies, victims or families for missions? Yes. No.
(Other than reimbursement for expenses incurred).

If yes, explain _____

6. **For Full and Associate Accredited teams ONLY:**
Has a Full (Regular) MRA unit agreed to "sponsor" you? Yes. No.

Sponsor Unit: _____

a. For Units seeking accreditation:
When will your unit be prepared for MRA accreditation? _____

7. Area of Operation or Response (include county, state & major mountain ranges you serve): _____

a. Elevation in your response area ranges from _____ Feet to _____ Feet

8. Name of the nearest MRA Unit to your area: _____

a. Does your area overlap another MRA unit's area? Yes. No.

Unit: _____

b. Do you have an agreement for mutual aid or for sharing the area with this MRA unit? Yes. No

9. Are you incorporated? ___ Yes. ___ No.
 EIN# _____ Year _____ In what state _____
10. Are you Non-Profit per Section 501(c), Federal Internal Revenue Code?
 (Or your country's equivalent?) ___ Yes. ___ No.
11. Total number of members _____
 a. Number of Members in each:
 Admin _____ Field Support _____ Rescue _____ Operations Leader _____
 b. Number of members who are paid: _____
12. Does your team currently have a sufficient number of members to conduct
 SAR operations in your area ___ Yes. ___ No
13. Do your Support members meet MRA Policy 105 D? ___ Yes. ___ No
 Attach your skills checklist or training outline for Support members.
 If they do not meet Policy 105 D, attach explanation
14. Do your Rescue members meet MRA Policy 105 C? ___ Yes. ___ No
 Attach your skills checklist or training outline for Rescue Members.
 If they do not meet Policy 105 C attach explanation
15. Does your unit meet Medical Care guidelines in MRA Policy 106? ___ Yes. ___ No.
16. Number of members qualified medically in each category below:
 First Responder _____ Advanced First Aid _____ Wilderness First Aid _____ Wilderness First Responder _____
 EMT _____ WEMT _____ Paramedic _____ Nurse _____ Medical Doctor _____ Other _____
17. Do you have a Medical Advisor? ___ Yes. ___ No.
 Name _____ Medical Certification level: _____
18. Meetings and Trainings:
 How often does your unit meet? _____ How often does your unit train? _____
19. How is the unit funded? Donations _____%. Grants _____%. Governmental _____%. Dues _____%.
 Other: _____
20. Is your unit affiliated with a public agency? ___ Yes. ___ No.
 Name of Agency: _____
 a. Define the relationship: _____
21. By whom is your insurance covered, for Missions? _____
 a. For Liability? _____
22. What local governmental agency is the authority having SAR jurisdiction? _____
 Contact Name: _____ Title: _____
 Address: _____
 Phone: _____ Email: _____

- 23. Do you have an "agreement" with this agency that you will be utilized for missions? ___ Yes. ___ No.
Please attach written agreement. If you do not have an agreement please attach explanation.
- 24. How are your unit's administrative officers selected? _____
- 25. How are field ranks determined? _____
- 26. Does your unit agree to submit team statistics annually, including missions, ___ Yes. ___ No.
trainings and public education? Explain if no.
- 27. Does your unit agree to submit an official; team roster annually including qualification and/or rank? ___ Yes. ___ No.
If no, explain.
- 28. Does your unit agree to submit dues annually in accordance to Policy 601.B? ___ Yes. ___ No
If no, explain.
- 29. **Billing Information:** If your annual invoice must be sent to a specific location, not your unit address, please specify the agency, name, address and any special wording or instructions:

- 30. Are there any pending legal actions, former judgments or settlements against your unit, ___ Yes. ___ No
Agency or members regarding a SAR mission?
If yes, attach explanation.

- 31. List the Administrative Officers of your unit (correct the title, if necessary):

President or Unit Commander _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Vice-President _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Secretary _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your Unit's contact person and title for the application process: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

32. What is your unit seeking out of MRA membership? _____

33. We agree that all the listed and attached information is accurate to the best of our knowledge. We agree if membership is granted that we will abide by the MRA and Region Bylaws and Policies.

Prepared By: _____
(Print Name)

Title _____

(Sign Name)

Date _____

Phone _____

E-Mail _____

Please include the following information with your application:

- _____ **Unit's Constitution, Bylaws & Administrative Policies**
- _____ **Incorporation papers**
- _____ **IRS or equivalent 501C determination letter**
- _____ **Field Operating Guidelines and Protocols**
- _____ **Official Team Roster (names, mailing addresses, qualification and/or rank)**
- _____ **Administrative structure chart or explanation**
- _____ **Field Operational Structure chart or explanation**
- _____ **Training Schedule for past and current year**
- _____ **Copy of written agreement with authority having SAR jurisdiction**
- _____ **Unit-owned equipment & vehicle list**
- _____ **List of Personal Equipment required by members**
- _____ **Mission Statistics (Most Recent Full Year)**
- _____ **Copies of recent unit newsletters, as applicable**
- _____ **Skills checklists or training outlines for all field qualification levels**
- _____ **MRA Directory Form (received with application form)**
- _____ **6-10 slides or photos representative of your unit's activities**
- _____ **Unit Patch for MRA official patch collection**
- _____ **Check for \$250.00 U.S. non-refundable application fee**

Mail application and the information above to:

**Mountain Rescue Association
Attn: Monty Bell, Membership Chair
PO BOX 880868
San Diego, CA 92168-0868**

**If you have any questions please contact Monty Bell at (619) 884-9456
Or email rescue89@att.net**

Mountain Rescue Association



MISSION STATISTICS

Statistics for the Calendar Year _____

Team Name: _____

Region: _____

Item Number	Total Number of:	Number
1	Missions, including stand-bys	
2	Mission man-hours	
3	Subjects rescued	
4	Search missions	
5	Technical missions	
6	Avalanche missions	
7	Recovery missions	
8	Subjects recovered	
9	Missions outside your primary service area	
10	Missions where aircraft were used	
11	Missions where medical aid was performed	
12	Public education presentations	
13	Public educations man-hours	
14	Training events	
15	Training man-hours	
	Activity Types	
16	Hiking	
17	Climbing	
18	Skiing (Downhill and cross-county)	
19	Snowboarding	
20	Snow Machine	
21	Hunting	
22	Aircraft	
23	Automobile/Motorcycle	
24	Mountain Biking	
25	Other (Describe)	