Mountain Rescue Association

THE UNIT MEMBERSHIP APPLICATION PROCESS

Please review Policy 101 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 several years. One will be arranged if you do not yet have a Sponsor-Team from the Region. You are highly encouraged to attend a Regional meeting and the National MRA meeting following your submission of an application to introduce your team and for us to give you Support.

Dues and Fees

A one-time non-refundable processing fee of $250 is charged for the application. The MRA votes for new applicants twice annually at the winter meeting and 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. Dues are collected annually on January 1 and must be paid before a member team is allowed to vote at a business meeting. Ex-Officio teams are not required to pay dues or the application fee though many do.

Membership Categories

Mountain Rescue Association is composed of three membership categories:

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 training and the actual accreditation. The Accreditation Evaluation Team comprises 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

1. **Administrative Evaluation:**

   A. An extensive administrative review of your application package.

2. **Field Evaluation (Accredited Teams Only):**

   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, Dynamics, etc.

C. **SNOW & ICE** Snow Evacuation Ice Evacuation
Avalanche and Crevasse Safety and Rescue
Oral Exercise of Safety Factors, Equipment Strengths, 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

The Evaluation Team makes a recommendation to your Regional Chair. The Region will then forward it to the MRA Membership Chair. Voting will occur at the next national meeting (meetings are twice a year: the February 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

Mountain Rescue Association

APPLICATION FOR EX-OFFICIO MEMBERSHIP

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TYPE OF MEMBERSHIP: ☐ Non-Accredited   ☐ Accredited

      a. Accredited ONLY. Check 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 _

     Email _

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.   **Accredited ONLY-**Has a Full (Regular) MRA unit agreed to "sponsor" you?   ☐ Yes ☐ No

    a.   Sponsor Unit: _

    b.   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: _

9.   Total number of members _

    a.   Number of Members in each:
        Admin   Field Support _   Rescue _   Operations Leader _

    b.   The number of members who are paid: _

10.   The numb<u>er of</u> 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

11.   How often does your unit train?

12.   How is the unit funded? Donations ___ %   Grants ___ %   Governmental ___ %   Dues ___ %

Other:

13.   What local governmental agency is the authority having SAR jurisdiction?

Contact Name: ___   Title: ___

Address:

Phone: ___   Email: ___

14.   Does your unit agree to submit team statistics annually, including missions, training, and public education?   Yes   No
         Explain if no.

15.   List the Administrative Officers:

Unit Commander, SAR Coordinator, or Team leader

Phone   Email

Vice-Commander or Assistant Leader

Phone   Email _

Training Officer

Phone _   Email _

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

Phone _   Email _

16.   Why is your unit seeking MRA membership? _

_____

_____

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

Prepared By: _   Title_
                 (Print Name)

_____   Date_
                 (Sign Name)

       Phone   Email _

Please include the following information with your application:

☐   **Field Operating Guidelines and Protocols**

☐   **Unit Roster (names, mailing addresses, email, qualification, and rank)**

☐   **Administrative structure chart or explanation**

☐   **Field Operational Structure chart or explanation**

☐   **List of Personal Rescue Equipment required by members**

☐   **MRA Mission Statistics Form (received with application)**

☐   **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**

Mail or Email the application and the information above to

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

Questions, don't hesitate to get in touch with Monty Bell at (619) 884-9456 or
Email montygbell@outlook.com

Mountain Rescue Association

Directory Form

Team Name: _____

Team MAILING Address: _____

_____

Team Business Phone: _____

Team Email:_____

Team Web Site_____

MRA Representative

Contact Name and Title: _____

Contact Mailing Address: _____

_____

Contact Cell Phone: _____

Contact Email: _____

Dues Contact

Dues Contact Name and Title: _____

Dues Contact Cell Phone: _____

Dues Contact Email: _____

Statistics Contact

Statistics Contact Name and Title: _____

Statistics Contact Cell Phone: _____

Statistics Contact Email: _____

REPRESENTATIVE FILLING OUT FORM:

Signature: _____ Print Name: _____

Instructions for filling out the directory change form:

MRA Representative
The person you specify for this category is the person that will receive all pertinent information regarding the MRA. Items include but are not limited to pro-deals, dues invoices, and conference information. Please choose this person carefully to get all information back to your team.

Dues Contact (NOT APPLICABLE FOR EX-OFFICIO)
The person you specify will be contacted if there is an issue with your dues payment or electronic roster.

Statistics Contact
This person you specify will be responsible for entering your team's statistics into the ESRI online portal and will be given the login for an online web-based statistics program for your team.

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 person-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 person-hours	
14	Training events	
15	Training person-hours	
	Activity Types	
16	Hiking	
17	Climbing	
18	Skiing (Downhill and cross-country)	
19	Snowboarding	
20	Snow Machine	
21	Hunting	
22	Aircraft	
23	Automobile/Motorcycle	
24	Mountain Biking	
25	Other (Describe)	