



Jeffco H.E.A.T.

Membership Application

Name _____ DOB _____

Address _____

Mailing Address _____

Phone _____ Cell _____ E-mail _____

Work Phone _____ OK to call work? _____

Experience: _____

Do you own horses? _____ Other livestock? _____ What kind? _____

Trailing experience? _____ Do you have acreage available? _____

Equipment that you have available:

Trailer _____ H _____ Halters _____ Lead ropes _____ Radio _____

Firefighter _____

Other _____

Are you willing to purchase your own equipment? _____

Are you willing to pay for and attend training classes? (The majority of classes are held on the weekends, however, certain classes are held during the week, day and evening). _____

Are you able to leave your place of employment at a moments notice, if you are called out? _____

Do you have training in other fields that could help in evacuation and/or rescue of large animals, including CPR, wilderness first aid, GPS, medical for humans, animals, etc.?

No _____ Yes _____ Please explain:

Do you have any physical limitations that would prevent you from certain aspects of evacuation/rescue and/or training? _____

Please explain:

If you have medical insurance, please bring a copy of your insurance card when you fill out the Emergency Card. In the event of a call out, the group will be under the liability insurance of the governing agency, this is liability only, not medical or otherwise. Each member is responsible for his or her own medical insurance and auto insurance.

As a member of Jeffco H.E.A.T. you will be required to conduct yourself in a professional manner at all times while representing the organization. The rules, guidelines and training have been established for safety reasons.

Membership dues are \$25.00 per year and due in March. For each month prior to March, dues will be pro-rated at \$2.08 per month.

I have read and understood this application and have answered all questions to the best of my ability. I understand that Jeffco H.E.A.T. is not liable for any injuries or death to myself, while I am providing my services for the organization. I also understand that Jeffco H.E.A.T. is not liable for any damage or loss to my vehicle and/or trailer while providing my services for the organization.

Name printed Date

Signature Date

You may bring your application to our next monthly meeting or mail it to:
Jeffco H.E.A.T., P.O. Box 273, Conifer, CO 80433-0273