

MOUNTED SEARCH AND RESCUE TEAM
A DIVISION OF SAGINAW VALLEY SPECIAL OPERATIONS SUPPORT TEAM

NAME:

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (H) _____ (W) _____ (EMAIL) _____

PROFESSION:

HORSE TRAILER: PLEASE CHECK THE APPROPRIATE BOX.

Own trailer

Access to trailer

Are you willing to haul horses other than your own, if the need to car pool arises?

PLEASE INDICATE SIZE OF TRAILER (E.G. 3 -HORSE TRAILER SLANT):

PLEASE DESCRIBE TOW VEHICLE (E.G. 4-WHEEL DRIVE FORD DIESEL TRUCK):

HORSE (S):

1

2

NAME: _____

AGE: _____

SEX: _____

BREED: _____

COLOR: _____

HOW DID YOU FIND OUT ABOUT MSRT?

WHAT ARE YOUR REASONS FOR WANTING TO PARTICIPATE IN MSRT? (WHY DO YOU WANT TO BE PART OF THE TEAM?)

DESCRIBE YOUR HORSEMANSHIP ABILITY/LEVEL:

DESCRIBE YOUR HORSE'S EXPERIENCE AND ABILITY:

WHAT TYPE OF RIDING DO YOU DO WITH YOUR HORSE?

HOW LONG HAVE YOU BEEN RIDING?

DO YOU HAVE ANY SEARCH AND RESCUE EXPERIENCE AND/OR TRAINING?

WHAT IS YOUR MEDICAL BACKGROUND/LEVEL? (I.E., CERTIFICATIONS, LICENSES, ETC.)

DO YOU HAVE OTHER SKILLS THAT MAY PROVE USEFUL DURING MSRT OPERATIONS? (RADIO COMMUNICATIONS, SURVIVAL TECHNIQUES, GPS, FARRIERY, VETERINARY CARE, CAMP OPERATIONS, POSSIBLE TRAINING, OBSTACLE COURSE TRAINING, ETC.)