

# CIVIL AIR SEARCH AND RESCUE ASSOCIATION OF MANITOBA



The following information is **CONFIDENTIAL** and is strictly for the use of CASARA in organizing our membership.

Please fill out as completely as possible and return, along with your **membership fee of \$15.00 to:**  
**CASARAMAN, 601A Club Road, St. Andrews, MB R1A 3P5**

## GENERAL

Application Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Weight \_\_\_\_\_ (Required to coordinate aircraft weight and balance)

Marital Status Single \_\_\_\_\_ Married \_\_\_\_\_ Children, if any \_\_\_\_\_

## EMERGENCY CONTACT

Person to be contacted in an emergency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## OCCUPATION AND INTERESTS

Employer \_\_\_\_\_ Position \_\_\_\_\_

Other Organizations to which you belong \_\_\_\_\_

Hobbies \_\_\_\_\_

First Aid Training \_\_\_\_\_ When \_\_\_\_\_

## Flying Experience

Licence Type \_\_\_\_\_ Lic. No. \_\_\_\_\_ L.V.C. Expiry Date \_\_\_\_\_

Endorsements Night \_\_\_\_\_ Multi \_\_\_\_\_ IFR \_\_\_\_\_ Floats \_\_\_\_\_ Skis \_\_\_\_\_

Type of Flying Experience \_\_\_\_\_  
Total Hours \_\_\_\_\_ P.I.C. \_\_\_\_\_  
Commonly Flown Types  
& Approximate Hours \_\_\_\_\_  
Search & Rescue Experience \_\_\_\_\_  
Areas normally flown in Manitoba \_\_\_\_\_

**AIRCRAFT OWNERSHIP**

Manufacturer \_\_\_\_\_ Type \_\_\_\_\_ Horsepower \_\_\_\_\_ Type of ELT \_\_\_\_\_  
No. of Seats \_\_\_\_\_ Registration \_\_\_\_\_ Range \_\_\_\_\_ Cruise Speed \_\_\_\_\_  
Survival Gear \_\_\_\_\_ Type and Number of Radios \_\_\_\_\_

**WOULD YOU ALLOW YOUR AIRCRAFT TO BE OPERATED BY A QUALIFIED CASARA PILOT OF YOUR CHOOSING ON A SEARCH OPERATION? \_\_\_\_\_**  
**IF SO, BY WHOM? \_\_\_\_\_**

**WAIVER**

In consideration of the **CIVIL AIR SEARCH AND RESCUE ASSOCIATION OF MANITOBA** accepting this application to participate in the activities of the Association, the Applicant hereby releases, remises, and forever discharges the Association, its Employees, Servants and Agents, whether volunteer or otherwise, from any liability for damages that the Applicant may sustain whether such damages are caused by negligence or other causes, and the Applicant hereby agrees to indemnify and save harmless the Association, its Employees, Servants and Agents, respecting any liability that the Applicant may incur as a participant or as a member of the **CIVIL AIR SEARCH AND RESCUE ASSOCIATION OF MANITOBA**.

In witness whereof, the Applicant has set his or her hand. In the case of an Applicant who has not reached the full age of 18 years, the Applicant's parent or guardian affirms that he or she has read and approved this agreement and executes and approves this document on behalf of the Applicant and intends that it be valid and binding as against the Applicant.

**MEDICAL SELF DECLARATION**

**I HEREBY DECLARE that I am physically fit to serve as a volunteer aircrew member on authorized CASARA activities and that:**

- a) I have normal colour vision
- b) I have normal 20/20 vision\* / uncorrected / corrected by prescription lenses \_\_\_\_\_ and
- c) I am free from any chronic medical condition that requires regular medication \*\*
- d) I AGREE to immediately advise my Zone Commander or Director of any changes in my medical condition if same would render me unfit to serve as a volunteer aircrew member.

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**CASARA volunteers may carry out certain authorized aircrew activities under the following conditions:**

- \* Circle as appropriate**
- \*\* When prescribed medication is required on a regular basis. This medication must fall within the guidelines set forth by a medical category 3 [Transport Canada]**

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**Initial**