

Date: \_\_\_\_\_

Lasts Name: \_\_\_\_\_



# A.B.S.A.R.



ANTIGUA & BARBUDA SEARCH AND RESCUE

Antigua Yacht Club Marina

Falmouth Harbour

Antigua, West Indies

E-Mail: [info@absar.org](mailto:info@absar.org) Visit: [www.absar.org](http://www.absar.org) VHF: Channel 16

Medic Station Tel: (268) 720-3992 Emergency ONLY Tel: 268-562-1234

*"So that others may live"*

## ABSAR Volunteer Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Status In Antigua: Permanent Resident \_\_\_\_\_ On Yacht \_\_\_\_\_ Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Response Time to ABSAR Base: \_\_\_\_\_

Qualifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area of Interest: ☐ Search and Rescue ☐ Ambulance  
☐ Firefighting ☐ Fundraising  
☐ Medic Station

Do you speak any other languages? ☐ No ☐ Yes \_\_\_\_\_

Are you taking any medications? ☐ No ☐ Yes \_\_\_\_\_

Do you suffer from diabetes? ☐ No ☐ Yes\_\_\_\_\_

Do you suffer from seizures? ☐ No ☐ Yes \_\_\_\_\_

Do you suffer from any mental illness? ☐ No ☐ Yes \_\_\_\_\_

Are you allergic to anything? ☐ No ☐ Yes \_\_\_\_\_

Have you ever had a problem with drug or alcohol addiction? No ☐ Yes ☐

Do you have any medical condition that would endanger yourself of others during emergency operations? ☐ No ☐ Yes

Do you have any other medical conditions that we should be aware of? ☐ No ☐ Yes

Have you ever been convicted of a crime? ☐ No ☐ Yes \_\_\_\_\_

Do you have a valid Antiguan Driver's License? ☐ No ☐ Yes \_\_\_\_\_

I am willing to attend at least one lecture and one practical training rotation per month. ☐ Yes

I am willing to commit to a minimum of 5 hours of my time to ABSAR per month. ☐ Yes

Please provide us with two references:

1. Name: \_\_\_\_\_ Telephone/Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone/Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

[illegible]