



## QUESNEL SEARCH AND RESCUE

Headquarters: #14 Johnston Bridge Loop

Phone: 250-747-3544

[www.quesnelsar.ca](http://www.quesnelsar.ca)

Mailing Address: Box 4531, Quesnel, BC, V2J 3J8

Email: [gsar@quesnelsar.ca](mailto:gsar@quesnelsar.ca)



# APPLICATION PACKAGE

## Eligibility / Application requirements

- Must be 19 years of age or older
- Must be in good physical and mental health
- Be willing to attend an interview
- Provide a personal Cover Letter stating why they wish to join.
- Provide a Class 5 or higher Driver's License Abstract
- RCMP Criminal Record Check
- Have a valid minimum Occupational Emergency First Aid – Level 1/C CPR/AED or be prepared to take.
- To have the proper personal equipment to allow safe operation in the outdoors for a minimum of 24 hours.

## QSAR Society Roles

- Assisting the following agencies:
  - Police in the search and rescue of missing people or in evidence searches.
  - The BC Emergency Health Service in the rescue, packaging and transporting of injured people.
  - The Provincial Coroner's Service in body recovery.
  - Municipal/Provincial Government during civil emergencies
- Public outdoor safety education

## Acceptance

- Upon acceptance into Quesnel SAR, members will be classified as MIT's (Members in Training).
- All MIT's will undergo a probationary period, at which point the Board of Directors will review each MIT Applicant for recommendation as an operational QSAR Team Member.
- MIT's may participate in active tasks to the extent of their training and skills.
- MIT's will be required to successfully complete the 100-hour Ground Search & Rescue (GSAR) foundational training course within one year of joining the team.
- New members will be required to commit a minimum of 130 hours the first year to attend the GSAR training, monthly General Meetings, and in-house training events.
- Not all applicants will be invited to the interview process. In such case, the applicant will be notified, and this may include an invitation to apply again in the future.



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### Training

- Training is a critical component of being a competent and reliable member.
- All training is provided free of charge through the approval of the Board of Directors.
- Once the GSAR course is complete, accepted members have access to further specialty SAR training.
- In-house training is typically scheduled Thursday evenings 19:00 to 21:00 and one weekend day per month.
- Training may also include attending out of town venues or with other SAR groups in our region.
- GSAR training opportunities will be offered as participant space allows. Seating is limited.

### Commitment

- QSAR volunteers provide a life-saving service to the province 24-hours a day, 365 days per year.
- Training new members requires an investment in time, effort and resources. A commitment to the team, and a return of investment of time into you is also a requirement.
- Regular attendance to meetings, training events and tasks are vital to maintaining our skills, resulting in teamwork and trust being at the highest levels.
- Active tasks occasionally last into the night or extend into multiday events.



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## APPLICATION FORM

DATE: \_\_\_\_\_

FULL NAME (First, Middle and Surname): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

#1 – FULL NAME (First and Surname): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

#2 – FULL NAME (First and Surname): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

Please provide a brief summary of why you wish to become a QSAR Team Member.

Do you have any past SAR experience? If so, please provide details.

Do you have a valid First Aid certificate? \_\_\_\_\_ If so, what level? \_\_\_\_\_

Certification date: \_\_\_\_\_ Expiry date: \_\_\_\_\_



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Do you have any additional relevant training? Please list and attach certificates.

Do you have any relevant experience? Please detail.

Are there any other qualifications that might support your application as a potential QSAR Member? Please provide details below and attach copies of any applicable current certification.

**REFERENCES:**

#1 – FULL NAME (First and Surname): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

#2 – FULL NAME (First and Surname): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

#3 – FULL NAME (First and Surname): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

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

Please submit completed application via email to [gsar@quesnelsar.ca](mailto:gsar@quesnelsar.ca)