

CAP Member ID: Date Joined:

First Name: Last Name: Rank:

Address: Unit:

City: State: ZIP: Radio#:

Email: Phone: Cell:

SMS Address:

Emergency Medical Information

Medications:
Conditions:
Allergies:

Emergency Contact

Name: Relation: Phone:
Notes:

Certifications / Training / Expirations

Medical: Level: State License # Expires:
CPR / AED: Level: Expires:
ICS Training FEMA Levels:
Search Management Training: Level:
NASAR SAR-Tech Level:
CAP Ground Team Level: Date Obtained:
Sworn: Amature Radio License: Expires:
Languages Spoken:

OTHER:

EQUIPMENT

CAP Portable Radio: CAP Mobile Radio:

24 Hour Pack: Urban Pack: 72 Hour Pack:

K-9 Partner Air Scent: Track/Trail: HRD: Other: