



# S.E.R.A.T



Squadron Emergency Response Assistance Team

Application Form 10.01

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Text Capable: Yes / No

Alt Phone: (\_\_\_\_) \_\_\_\_\_ Phone Type: Home / Work / Other

e-Mail Address: \_\_\_\_\_

Squadron Grade (circle all that apply) S P AP JN N SN NONE

Months Available: (circle all that apply) Jan Feb Mar Apr May Jun Jul

Aug Sep Oct Nov Dec

IF you wish to use your vessel:

Type Of Vessel :(Circle one) Runabout Cruiser Sportfisher Center Console  
Trawler Pontoon Catamaran Flats

Location of Vessel: \_\_\_\_\_  
*Marina Name, and Town*

Size of Vessel: \_\_\_\_\_

Draft: \_\_\_\_\_ Vessel Name: \_\_\_\_\_

MMSI: \_\_\_\_\_ Hull Reg Number: \_\_\_\_\_

Special Equipment onboard: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Do you have valid CPR/First Aid Certification: Yes / No

Return to S.E.R.A.T. Team Leader

Lt/C James M. Milton, JN

631-681-7650

[SERAT@GSBPS.org](mailto:SERAT@GSBPS.org)