



# Sanders County Search and Rescue Application

## Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

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

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

US Citizen? \_\_\_\_\_ Birthplace \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Car Insurance Company \_\_\_\_\_

## Physical Condition

Do you have any physical conditions or health ailments that may limit your abilities in backcountry mountaineering? If yes, please explain. \_\_\_\_\_

Do you have any arrests or convictions? \_\_\_\_\_

Do you have a history of drug or alcohol abuse? \_\_\_\_\_

## Equipment and Specialties

Please check any equipment and/or specialties that you have

4WD Vehicle

Advanced First Aid

Pilot

Dirt Bike

EMT

Diver

Pick Up Truck

Specialty License

Mountain Rescue

Snow Machine

Defensive Driving

Ice Climbing

Horses

Boat Operator

Skiing

Do you have any other specialties or equipment not listed? \_\_\_\_\_

Are you able to get off of work in an emergency? \_\_\_\_\_

If accepted, I agree to abide by all the bylaws and agree to return all equipment and clothing representing the organization, upon leaving the organization. If purchased, I will accept half the purchase price in return for these articles. \_\_\_\_\_(Initial)

Applicant's Signature

Date

\_\_\_\_\_

I give permission for the Sanders County Sheriff Dept. to run a background and records check on me.

Applicant's Signature

Date

\_\_\_\_\_

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Members Voted and accepted on \_\_\_\_\_

Sponsoring SAR Member \_\_\_\_\_

President's Signature

Date

\_\_\_\_\_

Sheriff's Signature

Date

\_\_\_\_\_