



Sanders County Search & Rescue Application

I do hereby make this application for membership into the Sanders County Search & Rescue group.

If accepted, I agree to abide by all the by-laws 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.

Date _____

Name _____
Last First Middle

Address _____

Home Phone _____ Business _____ Other _____

Social Sec. # _____ D.O.B. _____
Mo. Day Year

Height _____ Weight _____ Eye Color _____ Hair Color _____

U.S. Citizen? _____ Registered voter? _____ Birthplace _____

Nearest Relative _____ Relationship _____

Address _____ Phone _____

Number of years in Montana _____ Number of years in Sanders County _____

Previous Address _____

Employer: _____ How Long? _____

Address: _____ Phone: _____

Previous Employer: _____ How Long? _____

Address: _____ Phone: _____

Last school attended: _____

Physical condition;

Have you any physical defects or chronic ailments? Yes () No ()

If yes, please give the details _____

Arrest / Convictions _____

Do you use intoxicants? _____

Equipment and Specialties;

4x4

Motorbike

Pick-up

Snow cat

horses

Advanced First Aid

EMT

Chauffeurs license

defensive driving

boat operator

Pilot

Diver

Mountain Rescue

What other special equipment or special skills do you have?

Can you get off work in an emergency? Yes () No ()

Applicants Signature _____

Date _____

Sponsoring SAR member _____

Voted on and accepted this day: _____

Presidents Signature _____

Date _____

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

Signed _____

Date _____