



APPLICATION FOR SEARCH AND RESCUE

Please **print** all information. Application must be filled out **completely** and **signed**.  
Return to DCSSAR, PO Box 1306, Minden, NV 89423

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

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

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Current/Most Recent Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

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Emergency contact: \_\_\_\_\_

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

Relation: \_\_\_\_\_ Home Address: \_\_\_\_\_

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Please list any foreign languages you speak

\_\_\_\_\_  Fluent  Good  Fair

\_\_\_\_\_  Fluent  Good  Fair

1. Have you ever been arrested, detained, or convicted of any offense?  No  Yes

2. Have you ever received a traffic citation for a moving violation?  No  Yes

3. Have you ever had your driving privileges suspended or revoked for any reason?  No  Yes

4. Have you been a member of any other Search and Rescue group in the past?  No  Yes

If yes: Name of Group: \_\_\_\_\_ Length of Membership: \_\_\_\_\_

If you answered yes to question 1, or 3 please attach a separate piece of paper describing in detail the circumstances. Include location, dates, involved enforcement agencies and or court jurisdictions. Print your name on all additional pages and be sure to reference your response to the correct question.

Because search and rescue field work can be a strenuous physical activity, we strongly urge all prospective members to seek the advice of a physician before joining. The following questions are for our information only and do not have any bearing on your acceptance as a member.

Do you currently have any physical illnesses or disabilities of which we should be aware? (Diabetes, heart problems, allergies, etc.)  No  Yes

If Yes, please explain: \_\_\_\_\_

If you answered yes o the above, do you currently take any prescription medications for these illnesses or disabilities?  No  Yes

If Yes, please specify: \_\_\_\_\_

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Please check all areas of training you currently have:

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> High Angle Rescue          | <input type="checkbox"/> Water Survival     |
| <input type="checkbox"/> EMT-B     | <input type="checkbox"/> EVOC Driving Course        | <input type="checkbox"/> USCG Boat Course   |
| <input type="checkbox"/> EMT-1     | <input type="checkbox"/> Man Tracking               | <input type="checkbox"/> Swift Water Rescue |
| <input type="checkbox"/> EMT-P     | <input type="checkbox"/> ELT Location               | <input type="checkbox"/> SCUBA, Level ____  |
| <input type="checkbox"/> Nurse     | <input type="checkbox"/> Map & Compass              | <input type="checkbox"/> Desert Survival    |
| <input type="checkbox"/> Doctor    | <input type="checkbox"/> NASAR SAR Tech, Level ____ | <input type="checkbox"/> Mountain Survival  |
| <input type="checkbox"/> CPRPP     | <input type="checkbox"/> Avalanche                  | <input type="checkbox"/> Winter Survival    |

Do you own your own aircraft?  No  Yes Pilot, License No: \_\_\_\_\_

List any other training that you have had that may assist you in Search and Rescue:

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I am applying for: Rescue Member Support Member

If applying for Support member, specify the areas you are interested in helping with, or the jobs you are interested in doing: \_\_\_\_\_

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I, the undersigned, certify that the above information is true and complete to the best of my knowledge. I understand that the provision of false, misleading, or inaccurate information may result in the denial or termination of membership from Douglas County Sheriff's Search and Rescue.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



NAME: \_\_\_\_\_

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

Thank you for your interest in joining Douglas County Search and Rescue.

In addition to the skills involved in searches and rescues which you will be taught in our academy, there are other skills that help us keep our organization in top condition. From the skills listed below, please rank the top 4 areas where you would be able to assist (in order of importance to you).

- \_\_\_\_\_ administrative/leadership skills
- \_\_\_\_\_ accounting
- \_\_\_\_\_ aviation
- \_\_\_\_\_ computer skills
- \_\_\_\_\_ computer presentations (Power Point)
- \_\_\_\_\_ electronics
- \_\_\_\_\_ equipment maintenance
- \_\_\_\_\_ fund raising
- \_\_\_\_\_ grant writing
- \_\_\_\_\_ graphics
- \_\_\_\_\_ medical skills
- \_\_\_\_\_ outdoor/mountain skills
- \_\_\_\_\_ photography (including use of digital imaging software)
- \_\_\_\_\_ public speaking, presentations
- \_\_\_\_\_ vehicle maintenance
- \_\_\_\_\_ webmaster

If you have other skills that you think would benefit DCSAR, please list them below.

# Douglas County Sheriff

P.O. Box 218  
Minden, Nevada 89423

## TO WHOM IT MAY CONCERN

The individual listed below has applied to join the Search and Rescue Unit. We are currently conducting a background investigation to determine if the applicant meets the criteria for such a position. Your assistance in this investigation will be greatly appreciated.

## WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the Douglas County Sheriff's Department with any and all information that you have concerning me, my employment records, my reputation, my physical and mental condition, and my military records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Department in determining my qualification and suitability for the Search and Rescue Unit.

In addition to the above requested information, you may release arrests, detention, field citations, field interview cards, officer's records, jail/custody booking records and reports, probation and parole reports and records, laboratory reports and results, and other criminal justice records, reports or information source.

This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information. Information furnished will be used by the Douglas County Sheriff's Department in conjunction with my application for the Search and Rescue Unit.

I hereby release you, your organization and other from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

(NOTE: A photocopy reproduction of this form shall be for all intents and purposes as valid as the original. You may retain this form in your files.)

Valley Admin. 782-7250

Investigation 782-9905

Jail 782-9921

Lake Admin. 586-7250

Dispatch 782-5126