

MONTEZUMA COUNTY SEARCH & RESCUE MEMBERSHIP APPLICATION

(PLEASE FILL IN ALL BLANKS AND RETURN TO USARSECRETARY@GMAIL.COM)

APPLICANT'S PERSONAL INFORMATION

NAME: _____ DATE: _____
Last First Middle Int. DD / MM / YYYY

Please provide other names (including maiden name) or aliases that you may have used:

ADDRESS: _____
Street City State Zip

PHONE NUMBERS: _____
Home Work Mobile

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
DD / MM / YYYY City State

HEIGHT: _____ WEIGHT: _____ BLOOD TYPE: _____ SSN: _____ - _____ - _____

DRIVERS LICENSE #: _____ ISSUE DATE: _____ EXPIRE DATE: _____
State DL # DD / MM / YYYY DD / MM / YYYY

EMPLOYER: _____
Name Address Phone#

Will your employer allow you time off to respond to emergency calls?: YES ____ NO ____

Have you ever been convicted of a misdemeanor or felony?: YES ____ NO ____

If YES, please explain: _____

Please list below any medical conditions that could affect your ability to perform some functions:

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATION: _____

ADDRESS: _____
Street City State Zip

PHONE NUMBERS: _____
Home Work Mobile

APPLICANT'S MEDICAL TRAINING / CERTIFICATIONS (Check all that apply)

1st Aid CPR 1st Resp EMT Basic EMT Adv RN Physician Dive Rescue Patient Pack

Other: _____

APPLICANT'S PERSONAL EXPERIENCE / CERTIFICATIONS (Check all that apply)

SAR SARTech ICS System Radio Ops Diver Tracker ATV Ops Boat Ops Snowmobile Ops

Skier Tech Climber Rigger Wild Survival Military ELT Swiftwater Rescue Rafter

Other: _____

APPLICANT'S EQUIPMENT AVAILABLE FOR SAR (Check all that apply)

Radio Dive Gear ATV Boat Snowmobile Horse Climbing Gear 4WD Vehicle GPS

Medical Skis Snowshoes

Other: _____

OTHER ABILITIES / COMMENTS (As Related to SAR): _____

AFFIDAVIT: *I (printed name) _____ certify that the answers given by myself to the foregoing questions and statements are true and correct and without consequential omissions of any kind whatsoever. I agree to comply with the standards and bylaws of the United Search and Rescue of Montezuma County, Inc. and the resolutions thereof.*

Signature: _____ Date Signed: _____

SHERIFF'S OFFICE USE ONLY

Application Checked by: Sheriff _____
Recommended by: _____
USAR Board Member Initials (3 req'd): _____
Application Approved by: _____ Date: _____
Probationary Period: from _____ to _____
<u>Comments:</u>