

APPLICATION FOR MEMBERSHIP

CROOK COUNTY SHERIFF

(01-22-05)

RADIO AMATEUR CIVIL EMERGENCY SERVICES

DATE _____

NAME _____

DOB _____ **CALLSIGN** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

MAILING ADDRESS IF

DIFFERENT _____

SSN _____ - _____ - _____ **DRIVER'S LICENSE #** _____ **STATE** _____

HEIGHT _____ **WEIGHT** _____ **HAIR COLOR** _____ **EYE COLOR** _____

HOME PHONE _____ **WORK PHONE** _____ **CELL PHONE** _____

PAGER _____ **E-MAIL** _____

HOW LONG A RESIDENT OF CROOK COUNTY? _____

EMPLOYER _____ **ADDRESS** _____

POSITION _____

**COULD YOU BE CALLED AWAY FROM WORK FOR AN
EMERGENCY?** _____

ANY SPECIAL SKILLS OR EXPERIENCE APPROPRIATE TO SAR?

LEVEL OF EDUCATION _____ **DEGREE** _____

LEVEL OF PHYSICAL FITNESS _____

AMOUNT AND TYPE OF BACK COUNTRY EXPERIENCE _____

EVER BEEN ARRESTED? _____ **CHARGE, DATE DISPOSITION**

TRAFFIC? _____ **CHARGE** _____ **DISPOSITION** _____

(01-22-05)

CROOK COUNTY SHERIFF, RADIO AMATEUR CIVIL EMERGENCY SERVICES

PERSONAL REFERENCES:

1. NAME, PHONE _____

2. NAME, PHONE _____

BUSINESS REFERENCE:

1. NAME, PHONE NUMBER _____

I CERTIFY THAT ALL OF MY ANSWERS AND STATEMENTS ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A CRIMINAL AND TRAFFIC HISTORY INQUIRY WILL OCCUR AND THAT SHOULD AN INVESTIGATION DISCLOSE UNTRUTHFUL OR MISLEADING ANSWERS, MY APPLICATION MAY BE REJECTED OR MEMBERSHIP IN CROOK COUNTY SHERIFF SEARCH AND RESCUE TERMINATED.

I ALSO UNDERSTAND THAT CROOK COUNTY SAR IS A VOLUNTEER ORGANIZATION AND THAT ALL ACTIVITIES ARE AT MY OWN RISK WITH RESPECT TO LOST INCOME FROM EMPLOYMENT AND THAT I MUST BE COVERED UNDER MY OWN HEALTH/ACCIDENT INSURANCE.

I ALSO UNDERSTAND THAT MY PERSONAL EQUIPMENT USED ON MISSIONS AND TRAINING ARE AT MY OWN RISK.

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT YOU FEEL YOU SHOULD DISCLOSE? (PHYSICAL DISABILITIES ARE NOT A REASON TO DENY APPOINTMENT. THE EXECUTIVE BOARD NEEDS TO KNOW TO KEEP FROM PLACING YOU IN A POSITION OF PHYSICAL JEOPARDY AND ONE THAT COULD PLACE OTHERS IN PHYSICAL JEOPARDY. PLEASE LIST MEDICATIONS THAT WILL HAVE AN IMPACT ON YOUR ABILITY TO PERFORM AS A VOLUNTEER FOR SEARCH AND RESCUE.)

SIGNATURE _____ DATE _____