

**ELMORE COUNTY SEARCH AND RESCUE**  
**2600 American Legion Blvd.**  
**Suite 140 Box 1118**  
**Mountain Home, ID 83647**  
**MEMBERSHIP APPLICATION**

**GENERAL INFORMATION:**

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ CELL PHONE/CARRIER: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**DRIVERS INFORMATION:**

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DL NUMBER: \_\_\_\_\_  
HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ DOB: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
NEXT OF KIN: NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**RESPONSE INFORMATION:**

1. WOULD YOU BE ABLE TO RESPOND TO A MISSION:  
AT NIGHT? YES: \_\_\_\_ NO: \_\_\_\_ FROM WORK? YES: \_\_\_\_ NO: \_\_\_\_ BAD WEATHER? YES: \_\_\_\_ NO: \_\_\_\_
2. DO YOU FEEL COMFORTABLE DRIVING OFF ROAD IN BAD WEATHER? YES: \_\_\_\_ NO: \_\_\_\_

**EXPERIENCE:**

1. HAVE YOU HAD TO SPEND AN UNEXPECTED NIGHT OUT? YES: \_\_\_\_ NO: \_\_\_\_
2. HAVE YOU PARTICIPATED IN:  
HIKING \_\_\_\_ CAMPING \_\_\_\_ BACKPACKING \_\_\_\_ HUNTING \_\_\_\_ FISHING \_\_\_\_ CLIMBING \_\_\_\_  
HORSEBACK RIDING \_\_\_\_ WHITE WATER \_\_\_\_ SNOWMOBILING \_\_\_\_ OFF ROAD: ATV \_\_\_\_ DIRT BIKE \_\_\_\_  
ANY OTHER \_\_\_\_\_
3. DO YOU HAVE ANY MEDICAL TRAINING? YES: \_\_\_\_ NO: \_\_\_\_
4. ARE YOU AN EMT? \_\_\_\_\_ LEVEL \_\_\_\_\_ CERTIFIED: YES \_\_\_\_ NO \_\_\_\_
5. LIST ANY OTHER EXPERIENCE: \_\_\_\_\_

**EQUIPMENT:**

DO YOU HAVE: HIKING BOOTS \_\_\_\_ BACKPACK \_\_\_\_ SLEEPING BAG \_\_\_\_ TENT \_\_\_\_  
GOOD OUTDOOR CLOTHING \_\_\_\_ 4X4 VEHICLE \_\_\_\_

**MEDICAL CONDITION:**

HEALTH: POOR \_\_\_\_ FAIR \_\_\_\_ GOOD \_\_\_\_ EXCELLENT \_\_\_\_  
PHYSICAL CONDITION: POOR \_\_\_\_ FAIR \_\_\_\_ GOOD \_\_\_\_ EXCELLENT \_\_\_\_  
DO YOU TAKE MEDICATION? YES \_\_\_\_ NO \_\_\_\_ TYPE: \_\_\_\_\_

**INTERESTS:**

SEARCH/RESCUE \_\_\_\_ SAFETY \_\_\_\_ TRAINING \_\_\_\_ MEDICAL \_\_\_\_ EQUIPMENT \_\_\_\_ PR \_\_\_\_ ADMINISTRATION \_\_\_\_  
FUND RAISING \_\_\_\_ NEWSLETTER \_\_\_\_ COMMUNICATIONS \_\_\_\_

(OVER)

## ELMORE COUNTY SEARCH AND RESCUE

### BACKGROUND INFORMATION:

HAVE YOU EVER BEEN ARRESTED, OR CONVICTED OF ANYTHING OTHER THAN MINOR TRAFFIC VIOLATIONS?

YES \_\_\_ NO \_\_\_ IF YES, FOR WHAT \_\_\_\_\_

I GRANT PERMISSION FOR A BACKGROUND CHECK, TO INCLUDE DRIVING RECORD AS PART OF THIS APPLICATION.

SIGNATURE OF APPLICANT: \_\_\_\_\_

### APPLICATION/MEMBERSHIP AGREEMENT AND WAIVER:

I \_\_\_\_\_, AM AWARE THAT WHILE AN APPLICANT, I AM PERMITTED TO ATTEND AND OBSERVE ECSAR ACTIVITIES. I ALSO ACKNOWLEDGE THAT AS AN APPLICANT, A SIX MONTH PROBATIONARY MEMBER, OR REGULAR MEMBER I MAY BE PARTICIPATING IN AND RESPONDING TO ACTIVITIES THAT ARE, BY NATURE, INHERENTLY DANGEROUS. THESE ACTIVITIES MAY INCLUDE, BUT ARE NOT LIMITED TO, THE HAZARDS OF TRAVELING IN MOUNTAINOUS OR WILDERNESS TERRAIN IN ADVERSE WEATHER, ACCIDENTS, ILLNESS, THE FORCES OF NATURE, TRAVEL BY AUTOMOBILE OR AIRCRAFT, PERFORMING SEARCH AND RESCUE MISSIONS AND TRAINING. AS AN APPLICANT, PROBATIONARY MEMBER OR REGULAR MEMBER, I DO THESE THINGS ENTIRELY OF MY OWN INITIATIVE, RISK AND RESPONSIBILITY, AND ASSERTING THAT I WILL DO NOTHING THAT IS BEYOND MY LEVEL OF TRAINING OR EXPERTISE. THEREFORE, IN CONSIDERATION OF THE BENEFITS TO BE DERIVED, I DO HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, RELEASE AND FOREVER DISCHARGE THE ELMORE COUNTY SEARCH AND RESCUE UNIT INC., ITS MEMBERS, OFFICERS, AND AGENTS FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION ON ACCOUNT OF MY DEATH OR INJURY DUE TO ECSAR'S ACTIVITIES.

I FURTHER REALIZE THAT I MUST BE IN, AND MAINTAIN THE PHYSICAL CONDITION NECESSARY TO PARTICIPATE IN THESE ACTIVITIES. I UNDERSTAND THAT IF I DO NOT FEEL COMFORTABLE OR COMPETENT IN A GIVEN SITUATION, IT IS MY RESPONSIBILITY TO ASSERT THAT I STOP THE ACTIVITY IMMEDIATELY AND IN A SAFE MANNER. I UNDERSTAND AS A PROBATIONARY MEMBER, MY PRIMARY FUNCTION IS TO LEARN, AND THAT I MAY BE REMOVED FROM MEMBERSHIP AT ANYTIME DURING MY SIX-MONTH PROBATION.

I UNDERSTAND AND AGREE TO THIS AGREEMENT AND WAIVER.

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

SHERIFF: \_\_\_\_\_ ECSAR COMMANDER: \_\_\_\_\_