

Elmore County Search and Rescue

Membership Application

2275 East 8th Street North

MUST BE A RESIDENT/LANDOWNER OF ELMORE COUNTY

Mountain Home, ID 83647

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City, State, Zip: _____ Phone Carrier: _____

Date of Birth: _____ Email: _____ Shirt Size: _____

Previous Names / Aliases: _____

Driver's License Number: _____ License State: _____

States of Previous Residence: _____

States you've been previously issued a Driver's License: _____

Next of Kin Name: _____ Relationship: _____

Next of Kin Cell Phone: _____ Home Phone: _____

Are you comfortable working in bad weather? Yes No Driving in bad weather? Yes No Do

you have experience with: Hiking Camping Backpacking Hunting Fishing Climbing

Horseback Whitewater Snowmobiling ATV's/UTV's Dirt bikes

Other experience: _____

Do you have any medical training? Wilderness First Responder Wilderness First Aid

EMT-B EMT-A Paramedic Emergency Medical Responder First Aid/CPR/AED

Currently certified? Yes No Date of certification: _____ Expires: _____

Your interests in the team: Management/Administration Foot/Evidence Search Logistics

Horse Team Communications Technical (Rope) Rescue Unmanned Aerial Systems (UAS)

Swift Water Rescue Dirtbike/ATV/UTV Snowmobile Public Affairs/Social Media

Fundraising/Finances Safety Training Medical Other: _____

Do you have certifications for relevant skills? (If so, please attach copies to application): Diving

Swift Water Rescue Technical Climbing/Rescue Snowmobile / ATV / UTV / Motorcycle (Circle)

Avalanche Safety Course Landing Zone Officer (LZO) Amateur Radio Operator UAS FAA License

I own the following types of vehicles which I may be willing to use (*at my own risk and liability):

(Please give the Year, Make, Model and Type of vehicle including ATV's, UTV's, Boats, etc.)

Employer name and Address: _____

Job Title: _____

Ability to respond to missions when paged: From work? Yes No At Night? Yes No

Previous SAR Team Experience? Yes No If yes, which Team? _____

Have you ever been charged with a crime (other than traffic violations)? Yes No If yes, when, where and please explain: _____

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I, _____, am aware that while I am an applicant I am permitted to observe the activities of the Elmore County Search and Rescue (ECSAR) Unit. I also understand as an active or reserve member I may be participating in and responding to incidents which are, by nature, inherently dangerous. These activities may include, but are not limited to, the hazards of traveling in mountainous and wilderness terrain under adverse weather conditions and the forces of nature, responding to accidents involving injury, illness or death, travel by automobile or aircraft, while serving on operational Search and Rescue missions or training exercises.

As an active or reserve member, I do these things entirely of my own initiative, risk and responsibility and affirm I will do nothing 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 Sheriff's Office and Elmore County Search and Rescue Unit Inc., and the Members, Employees, Officers, and Agents thereof 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 I may be removed from membership at any time during the probationary period by the ECSAR Board of Officers or the Elmore County Sheriff.

I understand that a driving record check is conducted to verify my license class, endorsements and restrictions so I may be authorized to operate vehicles and equipment owned by Elmore County or ECSAR. I understand this does not qualify or allow me to drive vehicles for which I do not have the appropriate Driver's License or proper training.

I grant the Elmore County Sheriff's Office permission to conduct a criminal background check (including driving history) as part of this application. I also understand and agree to adhere to the membership agreement and waiver above.

Signature of Applicant: _____ Date: _____

Background Check Certified: _____ Date: _____

Sheriff: _____ Date: _____

ECSAR Commander: _____ Date: _____