

Search and Rescue Application

Last Name: _____ (Maiden Name) _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Aliases: _____

Drivers License #: _____ SSN: _____

(Optional)

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Date of Birth: _____ Eye Color: _____ Hair Color: _____

Sex: _____ Height: _____ Weight: _____

Background Information:

Any driving restrictions? _____

Any driving endorsements? _____

Have you ever been investigated or arrested for a crime? _____

If Yes Please Explain: _____

(Answering yes will not be an automatic disqualifier. Factors will be considered due to the nature, seriousness of the act, and the age and maturity of the applicant at the time of the act)

Do you have any physical or medical limitations? _____

(This will not preclude you from participating on SAR missions)

Which Search and Rescue Organization are you interested in volunteering?

(You may apply for more than one)

Are you available to respond to Search and Rescue missions at odd hours? _____

If no, please explain: _____

Training and Experience:

Explain any Search and Rescue related training or experience. Provide documentation if available:

List any specialized training or experience. Include any experience in the medical field, military, Forest Service, Emergency Services, Climbing, extended hiking, etc.:

List any equipment (4x4, snowmobile, etc.) or talent (computer programmer, electrician, locksmith, mechanic, etc.) that you have and are willing to assist the Search and Rescue Program with:

Please understand, by signing this application you are acknowledging and approving the Whatcom County Sheriff's Office to make inquiries into your background, criminal history, and driving records.

I certify that to the best of my knowledge the above information is true and correct.

Signed: _____ Date: _____

(Return this application to the Whatcom County Sheriff's Office Volunteer Services Coordinator at 311 Grand Ave. Bellingham, WA 98225)

If your application is denied you have 30 days to appeal in writing to the Volunteer Services Coordinator

For Official Use Only:

AS400/Longarm: _____

NCIC III/WASIC: _____

Drivers Check: _____

Abstract of Driving Record: _____