

MARITAL STATUS

_____ Single
_____ Married
_____ Widowed
_____ Divorced

SEX

___ Male
___ Female

FITNESS

Any Physical Problems ? Yes _____ No _____
Describe defect(s)

POLICE RECORD (except traffic violations, list all arrests for investigation by a law enforcement agency or military service):

Year	Charge	Agency	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE (list all insurance policies carried by you or you spouse):

Type	Name of Firm	Coverage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LICENSE AND CERTIFICATES:

		Expiration Date:
California Drivers License #	_____	_____
Pilot License #	_____	_____
EMT	_____	_____
_____	_____	_____
_____	_____	_____

Special abilities, training and experience, club memberships, etc.: Ski Patrol, Four-Wheel Drive Club, Climbers, Tracking, etc.:

I hereby certify that all statements made in this application or in any of the attachments, are true and complete to the best of my knowledge and belief; and I understand that any deliberate mis-statements or concealment of material facts may subject me to disqualification or dismissal from the Monterey County Sheriff's SAR Team.

Date: _____

Signature: _____

SSN: _____

Please Include:

1) A **brief resume** about yourself, your qualifications, if any, and why you would like to be a member of this team.

(can be hand written)

2) Take **page 4** to your employer (if not self employed) Have them fill out and return to address below. We need to know how they will support your participation on call outs. This would not be every call but we need to know that if the situation warrants the need for personnel you will be available. You may also be out on an extended call that would overlap with work hours. This letter is important!

Mail page 1 , 2 & 5 and above items to:

**Monterey County Sheriff's
Advisory Council
Search & Rescue
73 W. Carmel Valley Rd.
Carmel Valley, CA 93924**

C/O Steve Hershey

In a separate envelope:

3) Send a **letter from your doctor** stating that you are physically capable of participating in the rigorous work that this team does. This letter is in strict confidentiality between your doctor and the Sheriff's dept. and will not be available to this team.

**Send to: Sgt. Mike Burns (Confidential)
Monterey County Sheriff's
Sub Station
1200 Aguajito Rd.
Monterey, Ca. 93940**

5) The **Disaster Service Worker Registration** form will be filled out at time of swear in after acceptance to team. .

At time of revue:

You will be asked to sign a wavier for the Sheriff's Dept. to do a thorough background check.

You will be notified to appear in front of the SAR Team Board of Directors , and Sheriff's Dept. Team Supervisor for an informal interview. Thank you for your interest.

TO: The employer of _____

FROM: Monterey County Sheriffs SAR Volunteers.
73 W. Carmel Valley Rd.
Carmel Valley, CA 93924

SUBJECT: VOLUNTEERISM TO SEARCH AND RESCUE.

Your employee as listed above. has applied to become a volunteer with the Monterey County Sheriffs Search and Rescue Team. This worthwhile activity involves strenuous training and participation in rope rescue for over the cliff work, confined space training, as well as First Responder and cardio-pulmonary training.

Interested Individuals are requested to discuss with their immediate supervisor as well as department head and to obtain their consent in order to participate.

It must be known that volunteers are on call 24 hours per day and seven days a week to rescue stranded and; or injured individuals as well as search for lost individuals in Monterey County as well as with counties that we have a mutual assistance agreement with.

Volunteers MUST be able to respond to call-outs on a 20 minute time limit regardless of the time of day or work involvement.

We would appreciate your filling out the form below and having it returned to our office for evaluation.

Thank you
The Board of Directors
Monterey County Sheriff's SAR Volunteers

I understand the circumstances as described above and can/cannot grant _____ permission to become a member.

If permitted to join we WILL/will NOT dock his/her pay/salary for his/her participation with Search and Rescue.

_____	_____	_____	_____
Immediate supervisor	Date	Department head	Date
Telephone _____	Organization _____		

Business Name: _____

Business Address: _____

Comments (if any) _____

Applicant Information Sheet

Please Print Clearly

Name: _____

Mailing Address: _____

Phone Numbers

Home: _____

Business: _____

Mobile: _____ Service Provider: : _____

Pager: _____

Fax: _____

E-mail: ` _____

SS#: _____

Spouse: _____

Employer: _____

Address: _____

Size:

Pants: _____

Waist Length

Shirt: _____