



**WASHINGTON COUNTY SHERIFF
VOLUNTEER APPLICATION
Search & Rescue**

Name: _____
Last First MI

Social Security #: _____ Date of Birth: _____

Address: _____
Street City State Zip

Telephone: _____
Home Work Cell

Email Address: _____

Current Employer: _____ Hire Date: _____

Previous employment for the past five years:

Employer Start – End Date

Employer Start – End Date

Employer Start – End Date

Military Service: Yes No Highest Rank achieved: _____

Are you currently serving as a member of a Fire Dept: Yes No _____
Name of Unit

DL#: _____ State: _____ Ever been suspended or revoked: Yes No

If yes, state reason and date: _____

History

Please list all traffic violations within the past three years:

Traffic Violation	Date
Traffic Violation	Date
Traffic Violation	Date

Are you able to perform the functions of Search and Rescue: Yes No

If No, please explain: _____

Do you use illegal drugs or abuse prescriptions drugs: Yes No

If Yes, please explain: _____

Have you ever been convicted of an offense other than a minor traffic violation:

Yes No

If Yes, please explain: _____

Are you restricted from possessing a firearm: Yes No

If Yes, please explain: _____

References

List three references you are not related to:

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Volunteer Availability

During which hours are you available for searches and training:

Weekday Mornings Weekend Mornings

Weekday Evenings Weekend Evenings

Equipment/Special Skills

Do you own a Four-Wheel-Drive vehicle: Yes No

If Yes, please describe: _____

List other specialized equipment (i.e. 4-wheeler/climbing gear etc...) you own that would be available to you for Search & Rescue: _____

List special skills/training (i.e. Law Enforcement/medical/climbing/scuba diving etc...) you have that would be an asset to Search & Rescue: _____

Explain briefly, why you would like to be a volunteer of the Washington County Sheriff's Search & Rescue Team: _____

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	

Your service is appreciated; however, it is essential that you follow some basic ground rules for everyone's protection and safety. Please read and place your initials by each statement.

As a volunteer I agree:

- _____ To regard my assignment as a serious commitment and respect confidentiality in this case.
- _____ To maintain communication with the team leader and request clarification when necessary.
- _____ To work as part of a team and abide by the directions of the team leader or other persons in authority.
- _____ To have appropriate clothing and equipment, and have the ability to be self-sufficient.
- _____ To not attempt a task for which I am not physically or emotionally prepared.
- _____ To respect crime scenes and evidence in accordance with any training I may have received.
- _____ To remain with any evidence I locate and notify authorities of its location and nature immediately.
- _____ To check in and out with organizers each time I respond to assist.
- _____ To abide by local, state and federal laws.

Agreement and Signature

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

If approved:

- I will obey and uphold all of the bylaws of the Washington County Sheriff's Search & Rescue to the best of my ability.
- I will be responsible for any items issued to me such as decals, patches, badges, identification cards, etc... I understand that all such items are the property of Washington County Sheriff's Search & Rescue, whether purchased by me or issued to me; and I agree to return them upon leaving.

I understand that, if approved:

- Any false or misleading information given in my application may result in my removal from Search & Rescue.
- I will not be an employee of Washington County, but rather, an unpaid volunteer.
- I may be asked to voluntarily submit to a drug test and that a refusal will automatically disqualify me.

Volunteer Applicant Signature: _____ Date: _____

Authorization to Release Information

NOTE: Photo and finger print cards from Sheriff's Office must be attached

I hereby authorize the Washington County Sheriff's Office to conduct an investigative search of my records and personnel files regarding my past. I further authorize the Department's representatives to investigate and determine my qualifications through contact with my previous employer, listed contacts and others who may have knowledge concerning my abilities, aptitudes and behaviors.

Authorization to Release Information Continued

I hereby absolve the Washington County Sheriff's Office, its investigators, my past employers and others contacted, from any liability which may occur as a result of the investigative search.

I also authorize any previous employer or credit reporting agency to release any and all information in their possession, to the representatives of the Washington County Sheriff's Office. I explicitly acknowledge that I have instigated this investigation.

Volunteer Applicant Signature: _____ Date: _____