

# Calaveras County Search and Rescue (CCSAR)



## MEMBERSHIP APPLICATION

Type of Membership: <input type="checkbox"/> Full <input type="checkbox"/> Specialist <input type="checkbox"/> Associate	Date: ___ / ___ / ___
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Last Name: _____ First: _____ MI: _____ Address: _____ City: _____ State: ___ ZIP: _____ - _____ Phone: Home (____) ____ - _____ Pager (____) ____ - _____ Wk (____) ____ - _____ Cell (____) ____ - _____ E-Mail: _____ Drivers License Number _____	DOB: ___ / ___ / ___ SSN: ___ - ___ - _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Glasses / Contacts: Y ___ N ___ Allergies: _____ Medications: _____
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Medical Training Certification: _____ Expires: ___ / ___ / ___ _____ / ___ / ___ _____ / ___ / ___ Please submit copies of all certificates with application Front and back	SAR Certification / Experience <input type="checkbox"/> Sign Cutting <input type="checkbox"/> Other <input type="checkbox"/> Dog Handler <input type="checkbox"/> Scuba <input type="checkbox"/> Tracker Technical Rescue: <input type="checkbox"/> Vertical, <input type="checkbox"/> Water, <input type="checkbox"/> Cave
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Outdoor Experience: Hiking_, Backpacking_, Climbing_, Rappelling_, Mountaineering_, Caving_ Other: _____	Radio Equipment: CB __, HAM __, Other _____ Other Vehicles 4x4 ___ ATV ___ Snowmobile ___ Snowcat ___ Airplane ___ Boat ___
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Mission Availability: Full __, None __, Limited __ If limited, specify: _____ <small>(ie: weekends, evenings, within 100 mile radius, etc)</small>	Primary Transportation: Yr: __, Make: _____ Model: _____
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**Please list an Emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact# \_\_\_\_\_

Why do you want to do Search and Rescue? \_\_\_\_\_

\_\_\_\_\_

What do you expect from CCSAR? \_\_\_\_\_

\_\_\_\_\_

<i>To be filled out by CCSAR Officer:</i> Forms and Procedures Completed _____ Live Scan Completed _____ ID Photo Taken and ID card issued _____ Disaster Service Worker Form ___ Oath ___	Team Member Number # _____ Shirt Patches issued _____ Training Task Book Established ___	Pager Paid: Yes ___ No ___ Date Paid ___ / ___ / ___ Cash __, Check __ Check # _____ Pager #: _____
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What is your current occupation? \_\_\_\_\_

Are you currently volunteering with any other organizations? Yes \_\_\_ No \_\_\_ If yes, please list:

\_\_\_\_\_

Law Enforcement / Military Experience

\_\_\_\_\_

Bi-lingual Ability Language \_\_\_\_\_

How often do you check your e-mail? \_\_\_ Daily \_\_\_ every few days \_\_\_ Every week \_\_\_ Rarely

Do you have experience in any of the following area's:

Computers

Public Relations

Financial

Teaching

\_\_\_ Word processing

\_\_\_ Media

\_\_\_ Budget Planning

\_\_\_ Adults

\_\_\_ Website

\_\_\_ Advertising

\_\_\_ Fundraising

\_\_\_ Teens

\_\_\_ Graphics / Design

\_\_\_ Public Speaking

\_\_\_ Taxes

\_\_\_ Children

Would you be willing to instruct others in your area of expertise? Y\_\_\_ N\_\_\_

\_\_\_\_\_

What Committee would you like to join:

Fundraising \_\_\_ Training/Standards \_\_\_ Communications \_\_\_ Off-Road - 4X4 \_\_\_ Membership \_\_\_

The following will elaborate on the selection you made on the first or front page of this application.

Workers' Compensation benefits:

Each Search and Rescue Team candidate is required to complete the Disaster Service Worker Registration and Loyalty Oath prior to membership. Though not "employees" of the Calaveras County Sheriff's Office, CCSAR volunteers are entitled to Workers' Compensation benefits as a result of injury suffered during missions and training sanctioned by that Office. **The member *must* have completed the required Disaster Service Worker Registration and Loyalty Oath to be eligible for Worker's Compensation benefits.**

Please submit this application in person to a board member at a regularly scheduled general membership meeting or monthly training - Pager Fee will be due once accepted to the team.

I hereby certify that the statements in this application are true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Calaveras County Search and Rescue Team is organized under the Calaveras County Sheriff's Department. As such, and in conjunction with the rules and regulations governing Sheriff's agencies in the state of California a background check must be performed on all new volunteer members. Please carefully read the information and sign where indicated in the presence of a witness. No person will be considered an active member until a favorable reply is received back from the background investigation.

## Live Scan Information

Call Calaveras County Sheriff's Department at (209) 754-6500 and ask for Kathy Frost. Kathy or other staff will make an appointment for a LIVE SCAN fingerprinting.

After your LIVE SCAN is complete you will be given a background packet. Fill out the forms completely and legibly. Be sure to include the original application and your copy of the LIVE SCAN form. Return the background packet to the Calaveras County Sheriff's Department. The packet can be mailed if you choose to:

Calaveras County Sheriffs Department

891 Mountain Ranch Road.

San Andreas, California 95249

Attn: Tim Sturm

Your background check will be initiated by a Background Investigator who may contact you and should take from 4-6 weeks under normal conditions.

**Remember: Incomplete background information or unsigned forms will only delay your background investigation.** If you need assistance in completing your application you can contact the Calaveras County Sheriffs Department.

Live Scan fingerprint check also required.

Sheriff's volunteer personnel shall meet and maintain compliance with the following general requirements:

1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
2. Has never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his or her care or protection in which the victim is a patient or is a resident of a health care facility.
4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during this time.
5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.
6. Is not currently under any disciplinary or enforcement action from another EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in California.
7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

Signature of CCSAR Member \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to CCSAR Member; \_\_\_\_\_

Both signatures must be signed at the same time and date.

Copy to be kept in CCSAR member file. Please make a copy for your own personal file.