



South Central PA Search and Rescue
Station 93
P. O. Box 144
Wrightsville, PA 17368



<http://search93-scpasar.org>

- Application for Membership -

Thank you for your interest in the South Central PA Search and Rescue Team (SCPASAR).

If you would like to apply to be part of SCPASAR, please complete and mail your application packet to the PO Box or hand deliver your application packet to any team officer. The application packet must include: the application, the \$10 application fee, PA State Police Criminal Background check results, PA Child Abuse Clearance check results, and, if applicable, the FBI Criminal History check results if you have not lived in the state of Pennsylvania for the last 10 years.

PA State Police Criminal Background Check

<https://epatch.state.pa.us/Home.jsp> #

#

PA Child Abuse Clearance Check

<https://www.compass.state.pa.us/cwis/public/home>

FBI Criminal History Check (fee may apply)

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/FBI-Fingerprinting.aspx>

Once your application packet has been received, the Membership Committee will begin the review process.

If you have any questions, feel free to contact us.

Sincerely,

Membership Committee of the South Central PA Search and Rescue Team

Background Check Policy:

All prospective members will be required to have a PA State Police background check, Child Clearance background check, and FBI background check, if applicable, turned in with their application. Although a previous record may not automatically disqualify a prospective member, the completed background checks will be presented to the membership for consideration. Upon completion of the members' 6-month Probationary Period the member must adhere to the PA Laws governing this agency. All members are responsible to submit an updated PA State Police background check and Child Clearance background check every 5 years or risk being removed from the Team.



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- APPLICATION -

Name: _____ Date of Application: _____

Date of Birth: _____ Age: _____ Sex: _____ Social Security No.: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone Provider: _____

Email: _____

Do you have a valid Driver's License?: () Yes () No
 - If "NO"; do you have a valid State I.D.?: () Yes () No

Driver's License/State I.D. number: _____ State of Issue: _____ Class: _____

Do you have your own personal vehicle?: () Yes () No
 - If "YES"; Color/Year/Make/Model of Vehicle: _____
 - License Plate No.: _____ State: _____

- Description of Emergency Lighting on Vehicle: _____

 - Description of any Emergency Fire/Rescue/EMS or Medical equipment that you carry
 in this Vehicle: _____

Are you EVOC certified?: () Yes () No

Do you have any type Traffic Record?: () Yes () No
 - If "YES"; describe: _____

Do you have any type of Criminal Record?: () Yes () No
 - If "YES"; describe: _____



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Employment:

- List present employer only -

Name of Employer: _____ Employment Dates: _____

Address: _____

Your Position: _____ Type of Business: _____

Description of Job Duties: _____

Name, Position, and phone number of Immediate Supervisor: _____

How many hours do you typically work in a week?: _____

What is your typical work schedule?: _____

Medical History:

- Please note any pertinent past and current medical history that we would need to be aware of -

Allergies: _____

Current Medications: _____

Emergency Contact:

- List two people to contact in case of an emergency -

Name: _____

Name: _____

Relation to you: _____

Relation to you: _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

Other contact number: _____

Other contact number: _____



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Rescue Information:

- Circle any and all certifications that you currently hold and the state that you hold them in -

Basic First Aid _____ Advanced First Aid _____ CPR _____ AED _____

Emergency Responder _____ First Responder _____ EMT _____ Paramedic _____

EVOC _____ Haz-Mat R&I _____ Haz-Mat Ops. _____ Haz-Mat Tech. _____

Vehicle Rescue _____ Water Rescue _____ Trench Rescue _____ Ropes _____

Technical Rescue _____ Search Responder _____ Basic Grid _____ Advanced Grid _____

Search Management _____ NIMS _____ Bloodborne Pathogens _____

Other Fire: _____

Other Rescue: _____

Other EMS/Medical: _____

Other: _____

- List any and all other Fire/Rescue/EMS Departments and Organizations that you currently belong to:

Name of Department/Organization	Your Position	City & State	Contact Person & Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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References:

- List two personal references -

Name: _____

Address: _____

Name: _____

Address: _____

Contact No.: _____

Contact No.: _____

Number of years known: _____

Number of years known: _____

Describe any S.A.R. Experience:

Describe skills you may bring to this SAR team:

Anything else you'd like to add?

- The Officers thank you for your time and cooperation as well as your support. -

I certify that the facts contained in this application are true to the best of my knowledge and understanding. I acknowledge that falsified statements on this application may be grounds for denied membership and/or termination from the Team. I authorize investigation of any and all information on this application, with the exception of my medical history.

Signature: _____

Date: _____



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- For Office Use ONLY! -

Applicant: _____ Date received: _____

Person receiving application: _____

Person investigating application: _____

Date investigated: _____

Application containing a Resume and/or any additional paperwork?

Remarks:

Recommendations:

() Approved () Not Approved

Date: _____

Reasons: _____

By: _____