

**David Thompson Search and Rescue Association, Inc.**  
**New Member Application Process**

Welcome to the David Thompson Search and Rescue new member application process.

You can turn the completed application into the Sheriff's Office Dispatch or mail to:

David Thompson Search and Rescue  
PO Box 1552  
Libby, MT 59923

The board meets at quarterly intervals to review and formally interview new applicants. You will be notified by phone as to the time and location of your interview.

Successful interviewees will then be subject to a background check by the Sheriff's Office before a letter is mailed to the applicant notifying them of their acceptance or denial in the organization.

Please take your time to completely fill out the application. We look forward to getting back to you.

*Information contained in the application is considered confidential and for use only by those designated in the application process.*

If you have questions or concerns, please call 406-293-3556, or email to:  
[dtsarlibby@outlook.com](mailto:dtsarlibby@outlook.com)

Thank you,

Jon Obst, DTSAR President

Valerie Albert, DTSAR Vice President

**Application for Membership**

David Thompson Search and Rescue Association, Inc (DTSAR)  
PO Box 1552, Libby, MT 59923 (South Lincoln County)

Interviewed: \_\_\_\_\_

Board Approval: \_\_\_\_\_

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
How long a resident of Lincoln County: \_\_\_\_\_  
How long resident in Montana: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_  
Emergency contact number: \_\_\_\_\_

**Physical Status**

Are you able to engage in strenuous activities?      **YES**      **NO**

**Military Service**

Branch: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Discharge Status: \_\_\_\_\_

**First Aid Training**

Are you certified in first aid? \_\_\_\_\_  
Type of first aid certification: \_\_\_\_\_  
State where certified: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Are you certified in CPR? \_\_\_\_\_  
Type of certification: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Volunteer Service**

Have you had any prior involvement in a volunteer service organization?      **YES**      **NO**

If Yes, Organization: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

In what capacity did you serve? \_\_\_\_\_

Are you willing to train without being paid for it? \_\_\_\_\_

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**Skills**

What skills and services would you be able to provide DTSAR? \_\_\_\_\_

\_\_\_\_\_

Map Reading	<b>YES</b>	<b>NO</b>	Compass Use	<b>YES</b>	<b>NO</b>
Topographical understanding	<b>YES</b>	<b>NO</b>			

**Units of Interest**

ATV/Snowmobile Unit \_\_\_\_\_

Boat Unit \_\_\_\_\_

Canine Unit \_\_\_\_\_

Dive Unit (limited size, will be required to pass a fitness test) \_\_\_\_\_

4X4 Unit \_\_\_\_\_

Medical Unit (Please provide photocopy of certifications) \_\_\_\_\_

Mountain Unit \_\_\_\_\_

**Availability**

Please rate your availability for searches by answering 1 – if always available, 2 – if available most of the time, 3 – if rarely available, or 4 – not available

Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_ Variable \_\_\_\_\_

Weeknights \_\_\_\_\_ Holidays \_\_\_\_\_

**References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If I am selected to join DTSAR, I will support the objectives and bylaws of this organization. I will give a minimum of 40 hours of service each year and maintain my First Aid and CPR certifications.

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

I hereby expressly authorize release of any and all information which the Lincoln County Sheriff's Office may have concerning me, including information of a confidential or privileged nature to DTSAR.

I hereby release DTSAR and the Lincoln County Sheriff's Office from any liability for damage which may result from furnishing the information requested.

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