

**SARASOTA K-9 SEARCH & RESCUE
APPLICATION FOR MEMBERSHIP**

FORM 1.1

Position applying for: K-9 Land Navigation Support

Name: _____
(Last) (First) (Middle)

Address : _____
(Street) (City) (State) (Zip)

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Date of Birth _____ Age _____ Place of Birth _____

SS# _____ U.S. Citizen? _____ If not, are you a lawful permanent resident? _____

Do you have a current Driver's License? _____ DL# and State: _____

Vehicle license plate and number : _____

Employment:

Name: _____ Position: _____

Address: _____

Supervisor: _____ Phone #: _____

Military

Branch: _____ Position: _____

Dates of Service: _____ Type of Discharge: _____

Personal References- List three references that are not related to you.

Name: _____ Phone #: _____ day/night

Address: _____

Name: _____ Phone #: _____ day/night

Address: _____

Name: _____ Phone #: _____ day/night

Address: _____

Applicant Name: _____

Education

High School graduate or _____ Yes _____ No _____ GED _____ Year _____

High School _____
(Name) (City) (State)

College: _____ Graduation date: _____ Degree/Major: _____

Technical: _____ Dates attended: _____ Field of Study: _____

Other: _____ Dates attended: _____ Field of Study: _____

Additional Educational or Special Skills (include medical training, search and rescue training, canine or other special training):

May this organization contact your employer, any organization or reference listed herein for the purpose of obtaining information about your character or abilities? _____

Have you ever been arrested, summoned into court as a defendant, indicted, fined, imprisoned, or placed on probation for an offense other than traffic violations? _____

If yes, please explain: _____

I authorize an investigation of all statements in this application. I understand that misrepresentation or omission of fact is cause for dismissal. I understand and agree that my acceptance is dependent upon the background check. I further acknowledge that if my application is not accepted, the reasons for that decision will not be revealed to me.

Signature: _____ Date _____

Witness: _____ Date: _____

Applicant Name: _____

Form 1.1 continued

Medical

Emergency Contact: _____ Phone #: _____

Address: _____

Illnesses: _____

Allergies: _____

Current medications: _____

Physical limitations: _____

Blood Type: _____ Weight: _____ Height: _____ Hair: _____ Eyes: _____

Doctor: _____ Phone # _____

Scars, Marks, Tattoos: _____

Any other personal notations: _____

This information is confidential and will not be given out to anyone, except in the event of an emergency. If any of the above information changes, the Medical/Safety Officer must be notified.

Signature: _____ Date: _____

Sarasota K-9 Search & Rescue

SUPPLEMENTAL INFORMATION SHEET FOR MEMBERSHIP APPLICANT

Applicant Name: _____ Date: _____

1. Have you submitted to us your completed application? _____

2. What is your preferred or special area(s) of interest?

Land Navigation/Ground Search

Observer Team for Tracking/Trailing/Air Scenting Canines

Communications Unit

Base Camp Support (i.e. Documentation, Check-in, Logistics, etc.)

Medical (Personnel) Support Unit

K-9 Medical Support Unit

K-9 Handler

3. Will you be able to interview with us in the next few weeks? _____

4. If so, what day(s) and time(s) are you available for an interview?

5. How many volunteer hours do you think you can commit to training for our organization?

Per month: _____

Per year: _____

Mail or email completed form to:

K903boo@aol.com

or

Sarasota K-9 Search & Rescue

PO Box 51446

Sarasota, Fl. 34232