

# Del Norte County Sheriff's Search & Rescue Application for Membership

*WHEN COMPLETED, EMAIL TO SARDELNORTE@GMAIL.COM*

Name (Last, First, Middle):

Mailing Address:

Email Address:

City:

State:

Zip:

Phone: (Home)

(Work)

(Cell)

Age:

Date of Birth:

Sex:

Marital Status:

Areas of Interest:

Ground

Mounted

Dive

How long have you lived in Del Norte County?

Drivers License Number:

Years of school completed:

List any disabilities which might interfere with your ability to function as a member of this group:

List any experience you have related to search and rescue (backpacking, technical climbing, scuba diving, horses, etc.)

List training certificates related to search and rescue (CPR, first aid, diving, etc.)

Have you ever been convicted of a crime? No Yes (If yes, give the date, charge and resolution):

Name of employer:

Address of employer:

City:

State:

Zip:

**Person to notify in case of an emergency:**

Name:

Relation:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

\*\*\* IMPORTANT \*\*\*

*I understand that in signing this application I give my consent to a background investigation. I understand that my application can be denied based on information obtained in this investigation.*

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

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