

**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. Any convictions for felony offenses will automatically disqualify potential new members

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? \_\_\_\_\_

**Application for Membership**

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PO Box 1552, Libby, MT 59923 (South Lincoln County)

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

**Voluntary Health Questionnaire**  
**David Thompson Search and Rescue Association, Inc. (DTSAR)**  
**PO BOX 1552, Libby, MT 59923 (South Lincoln County)**

Date:	
Name:	
Address:	
Phone:	
Date of Birth:	

**Section A:**

Have you ever or do you now have any of the following? For "Yes" answers, supply full details in Section B. If the condition required hospitalization, check the corresponding box.

Condition	No	Yes	Hosp	Condition	No	Yes	Hosp
Head Injury				Skin Trouble			
Back Trouble or Pain				Sensitivity to dust			
Defects of bones or joints, including amputations, dislocations, broken bones				Other Allergies			
Lameness				Frequent Colds			
Rheumatism				Cancer or Malignancy			
Foot Trouble				Tumor, growth or cyst			
Trick or Locked Knee or Knee injury				Rheumatic Fever			
Eye Injury, Surgery				Polio			
Have you ever worn glasses or contacts				Complications from childhood diseases			
Hard of hearing or hearing problems				Heart trouble, including circulatory			
Ever worn a hearing aid				High or low blood pressure			
Headaches				Varicose Veins			
Mental Illness or Nervous Breakdown				Pernicious Anemia, Leukemia or other blood disorder			
Addiction to drugs or alcohol				Hepatitis, Jaundice, or other liver ailment			
Fainting or dizzy spells				Diabetes or sugar in urine			
Epilepsy or fits				Colitis			
Nervous system disorder				Kidney or bladder trouble			
Tuberculosis or other lung problems				Ulcer or other stomach trouble			
Shortness of breath				Gall Bladder trouble			
Asthma				Piles or hemorrhoids			
Bronchitis				Rupture or hernia			
Poison Oak or Poison Ivy				Mononucleosis			

	No	Yes
Have you ever had or been advised to have an operation? If "yes", give the nature and dates of operation(s).		
Have you ever been a patient (committed or voluntary) in a mental hospital? If "yes", give a reason(s), date(s), and place(s).		
Have you ever had any other illness, injury, or physical condition not named above, other than childhood diseases or minor illnesses? If "yes" please explain:		
Have you had an injury within the last 5 years which caused you to lose time from work?		
Have you ever been denied employment or insurance for medical reasons?		
Have you ever been deferred from military service for medical, emotional or health reasons?		
Have you ever been discharged or released from employment or from the armed forces for medical, emotional, or health reasons?		
Have you ever received or applied for pension or compensation for disability or injury?		
Are you presently under a doctor's care for any condition?		
Have you taken medication the last 12 months for any reason? If "yes" please explain:		
Do you or have you ever had any physical or emotional limitations?		
<b>Physician's consulted for above items checked "Yes"</b>		
<b>Physician's Name</b>	<b>Address</b>	
<b>Section B:</b>		
Write your own account and explain all items answered "Yes" in this questionnaire. Identify condition, include diagnosis, date of onset and your present condition. Continue on additional sheets and attach if needed.		
<b>Penalty:</b> Any falsification, withholding, or failure to answer all questions completely and accurately may cause forfeiture of all rights to be a member of this organization.		
I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions, and that all statements are true and correct to the best of my knowledge and belief.		
<b>Signature:</b>	<b>Date:</b>	