

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

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

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

Skills

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

Map Reading	YES	NO	Compass Use	YES	NO
Topographical understanding	YES	NO			

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: _____