

David Thompson Search and Rescue Association, Inc.
SOS (System of Support) Team Application

Welcome to the David Thompson Search and Rescue SOS Team 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 SOS Committee meets quarterly to review applications. You will be notified by phone or mail the status of your application.

Successful candidates will 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 on the team. 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)

Date Approved: _____

Date: _____
Name: _____
Address: _____
City, ST: _____
Email: _____
Cell Phone: _____
Home Phone: _____
Employer: _____
Work Phone: _____
Social Security Number: _____
Driver's 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)

Questions

What motivates you to volunteer for a support role with DTSAR? _____

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

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 SOS Team, I will support the objectives and bylaws of this organization. I acknowledge that I will not be a full member of DTSAR, only a supporting role.

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?				
Physician's consulted for above items checked "Yes"				
Physician's Name	Address			
Section 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.				
Penalty: 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.				
Signature:	Date:			