



Anaconda Pintler Search and Rescue Membership Application

1902 Smelter Rd. Anaconda MT, 59711 anacondapintlersar.com

Thank you for your interest in joining Anaconda Pintler Search and Rescue (APSAR). Our team is dedicated to serving the community by providing emergency response, search, and rescue operations in challenging and often hazardous environments. As a volunteer organization, we rely on committed individuals who are willing to dedicate their time, skills, and energy to saving lives and assisting those in need.

APSAR is a team of trained volunteers who respond to a wide range of emergency situations, including lost or missing persons, wilderness rescues, disaster relief, and medical emergencies. We work closely with local law enforcement, emergency management agencies, and other search and rescue organizations to ensure the highest level of service and response. Members are dispatched out by the Anaconda-Deer Lodge County Dispatch Center through the use of an “app” (IAmResponding) downloaded on a member’s smart phone.

As a member of APSAR, you will be expected to:

Attend regular meetings and training exercises.

Maintain a high level of physical fitness and preparedness.

Be available for emergency call-outs when needed.

Demonstrate teamwork, professionalism, and dedication to the mission.

Adhere to safety protocols and operational procedures.

Application Process

Becoming a member of APSAR requires completing this application, passing a background check done by the Anaconda-Deer Lodge County Police Department and activating your user our app (IAmResponding) on your phone.

By submitting this application, you acknowledge that search and rescue work can be physically and mentally demanding and that you are prepared to commit to the responsibilities and expectations of APSAR membership.

If you have any questions about the application process or the organization, please do not hesitate to contact us at anacondapintlersar@gmail.com. We appreciate your willingness to serve and look forward to reviewing your application.



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The Information given below is for this unit only.

It will not be given to outside concerns unless authorized by the individual listed
below

Date:_____

Last Name

First Name

Middle Name

Alias/Maiden Name

Physical Address

Home Phone Number

Cell Phone Number & Carrier

Work Phone Number

Email Address

Social Security

_____ft____In

_____lbs

Date of Birth

Height

Weight

Hair Color

Eye Color

Identifying markers (Tattoos, Scars, Ext.)

Driver License State

DL#

Expiration



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Are you over the age of 18? Yes ☐ No ☐

Have you applied to be a member previously? If yes, when? Yes ☐ No ☐

Are you a citizen of the United States? Yes ☐ No ☐

Are you a citizen of Montana? Yes ☐ No ☐

Will you be able to attend monthly meetings? Yes ☐ No ☐

Will you obey all legitimate orders from Law Enforcement and/or ranking Search and Rescue Members? Yes ☐ No ☐

Have you talked with your family about joining our unit? Yes ☐ No ☐

What special talents and/or equipment do you have?



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Medical

Do you have any medical or physical disabilities that would make it difficult for you to be on a search for an extended amount of time? Yes ☐ No ☐ If yes, please explain.

Do you have any allergies? Yes ☐ No ☐ If yes, please explain

What is your blood type: _____

Background

Are there currently any criminal charges pending against you? Yes ☐ No ☐ If yes, please explain

Have you ever been convicted of a misdemeanor or Felony? Yes ☐ No ☐ If yes, please explain



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Emergency Contact Information

Person #1 to be notified in case of emergency

Name: _____

Relationship: _____

Address: _____

Phone: _____

Person #2 to be notified in case of emergency

Name: _____

Relationship: _____

Address: _____

Phone: _____

Signature: _____

Date: _____

Sponsor: _____

Date: _____

APPROVED ☐ DENIED ☐ Commander: _____ Date: _____

Once the application is complete you can bring it to the Anaconda-Deer Lodge County Police Department, email it, or bring it to our next meeting.

-----Law Enforcement Use Only-----

SAR Background Check completed by: _____ Date: _____

Results: _____

APPROVED ☐ DENIED ☐ Reason for denial: _____

Chief of Law Enforcement: _____