



SARASOTA K9 SEARCH & RESCUE APPLICATION FOR MEMBERSHIP

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Home) (Work) (Cell)

Email: Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Age: _____ Place of Birth: _____

Driver's License: _____
(Number) (State) (Expiration)

Are you a U.S. Citizen? _____ Yes _____ No

Are you a permanent resident of Florida? _____ Yes _____ No

Are you within one hour of Sarasota County, Florida? _____ Yes _____ No

Employer

Business Name: _____ Job Title: _____

Supervisor Name: _____ Phone #: _____

Address: _____
(Street) (City) (State) (Zip)

Military:

Branch: _____ Position: _____

Dates of Service: _____ Type of Discharge: _____

Education

High School: _____
(Name) (City) (State)

Did you Graduate? _____ Yes _____ No Year: _____

College: _____ Graduation date: _____ Degree/Major: _____

Technical: _____ Dates Attended: _____ Field of Study: _____

Other: _____ Dates Attended: _____ Field of Study: _____

Personal References: (List three not related to you.)

Name: _____ Phone #: _____ day/night

Address: _____
(Street) (City) (State) (Zip)

Name: _____ Phone #: _____ day/night

Address: _____
(Street) (City) (State) (Zip)

Name: _____ Phone #: _____ day/night

Address: _____
(Street) (City) (State) (Zip)

May this organization contact your employer and/or any references listed herein for the purpose of obtaining information about your character or abilities? _____ Yes _____ No

Have you ever been arrested, summoned into court as a defendant, indicted, fined, imprisoned, or placed on probation for any offense other than traffic violations? Yes _____ No _____

If yes, please explain: _____

I authorize and investigation of all statements in this application. I understand that misrepresentation or omission of facts is cause for dismissal. I understand and agree that my acceptance is dependent upon the results of a background check. I further acknowledge that if my application is not accepted, the reasons for that decision will not be revealed to me.

Signature: _____ Date: _____

Medical

Emergency Contact: _____ Phone #: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Doctor: _____ Phone #: _____

Blood Type: _____ Weight: _____ Height: _____ Hair: _____ Eyes: _____

Illnesses: _____

Allergies _____

Physical Limitations: _____

Current Medications: _____

Scars, Marks, Tattoos: _____

Any other personal notations: _____

*Your medical information is confidential and will not be given out to anyone except in the event of an emergency.
If any of the above information changes, please notify the Team Leader/Deputy Leader.*

Signature: _____ Date: _____

Sarasota K9 Search & Rescue

Supplemental Application Information

Applicant Name: _____ Date: _____

What areas of search & rescue interest you most?

- Land Navigation
- Communications Unit
- Base Camp Support (documentation, check-in, logistics, etc)
- Medical Support Unit
- Drone Unit/Electronics
- K9 Medical Support
- Flanker for K9 Teams
- K9 Handler

What made you decide to join a search & rescue organization? _____

Have you had prior similar experience? _____

Can you dedicate at least 16 hours per month to team training _____ Yes _____ No

Do you have any other responsibilities that may interfere with your SAR duties?

Will you be available over the next few weeks for an interview? _____ Yes _____ No

Mail or email your completed application to:

SK9SAR@GMAIL.COM

or

Sarasota K9 Search & Rescue

RE: Membership

PO Box 51446

Sarasota, FL 34232