



Johnson County Search & Rescue Application for Membership

Name:					Home Phone		
Physical Address					Cell Phone		
Mailing Address					SSN		
Email Address							
WY Driver's License			Class			Limitations	
Years Resident Johnson County?						Date of Birth	
Age		Height		Weight		Vision	
Physical Condition Handicaps?							
Comfortable at High Altitude?				Past Injuries?			

Employer:				Occupation		
Business Address				Work Phone		
Spouse Name				Contact Phone		

EMERGENCY NOTIFICATION							
Name			Phone			Relationship?	

SPECIAL SCHOOLING/CERTIFICATIONS(Circle those that apply)							
CPR		BEC		EMT		Paramedic	
Nurse		Doctor		Other			
Other Special Skills							

REFERENCES (Do NOT list family or relatives)

	Name	Address	Phone	Employer	Years Known
1.					
2.					
3.					

Additional Information

Use of your personal owned vehicle or other equipment on search & rescue operations is entirely up to the owner. See Policy & Procedure for additional information regarding use and damage or loss to personal equipment.

Equipment Owned (Check all that apply)

4x4/Pick-up		Snowmobile		ATV		Motorcycle		Boat	
Horses		X Country Skis		Snowshoes		Climbing Gear			
Amateur Radio License		Pilot License		Scuba Gear		OTHER			

Area Knowledge

Areas or drainages that you have extensive or specific knowledge or familiarity that may be an asset to the team please list. Map reading, compass or GPS skills?

Search & Rescue Schools you have completed (please list date)

MLPI		SAR TECH II		SAR TECH I		CPR/FIRST AID		High Angle	
Man Tracking		Ice Rescue		Dive Rescue		ELT/PLB		Cave Rescue	
OTHER:									

I understand and acknowledge that my signature on this application represents and constitutes my freely give consent and authority for Johnson County Search & Rescue to conduct any background investigation as JCSAR or the Johnson County Sheriff's office may deem appropriate.

Date: _____ Signature _____

JCSAR Use Only

Sheriff's Check	Accept	Reject			Date:
Membership Committee Vote	Accept	Reject			Date:
MEMBERSHIP VOTE	Accept	Reject			Date:

Date: _____ Secretary Signature _____ JCSAR Capt Signature _____