



**Wallowa County Sheriff's
SEARCH & RESCUE**

**Membership Application
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I, (please print name) _____ certify that I am _____ years old.

Are you a resident of Wallowa County? () Yes () No (If no, please explain) _____

I wish to become a member of the Search and Rescue Unit.

Name of certified SAR member sponsoring this application for you _____.

Why are you interested in joining Search & Rescue? (Use an additional page if more space is needed)

Please list positions, skills or training that you have had which could benefit the Search and Rescue Unit.

Please list any equipment you own that could aid the Search and Rescue Unit such as snowmobile, etc.

Please explain your availability to participate and respond to SAR trainings and search (work schedule, personal caregiver responsibilities, other).

Note: Membership fee of \$20 must be submitted with this application before it can be considered. This fee includes the current year's dues of \$8. Yearly dues thereafter shall be paid at the January meeting.

Prospective Member Information for: Applicant's name: _____

You need to know –

Your personal identity and health information is required on behalf of Wallowa County to obtain coverage for liability/workman's comp. insurance and is released only to the insurance company or as required by law. Whereas your name, residence and contact information is maintained and distributed on an organizational basis, this information, in its entirety, is typically not released to others outside of the organization unless necessary for official search and rescue activities.

Please fill in the following information:

Date of Birth _____ Sex: (M) (F)
(optional- Needed for Workman's Comp/liability)

Social Security # _____
Email Address: _____

Mailing Address:

Phone Numbers:

Hm: _____ Wk: _____
Cell: _____

Residence: (if different from mailing address)

List any medical problems or limitations you have that SAR should be aware of. (This will by no means keep you from being accepted as a member)

In the event of a medical emergency who should be contacted?

Name _____ Relationship _____

Address: _____ Phone number _____ Days: _____ Nights: _____

If my membership is accepted and, at some future date I resign or am dropped from the membership, I will return all patches, badges, and equipment according to the By-Laws.

In the event of a personal emergency or unforeseen circumstances and you cannot fulfill your commitment to SAR, please notify the Captain.

By signing this you are signifying that you have read and understand the requirements for training and attendance as outlined in the cover letter attached to this application.

Your signature: _____ **Date:** _____

Sponsor: _____ **Date:** _____ **Sheriff:** _____ **Date:** _____

SHERIFF'S OFFICE APPROVED: () Yes () No Approved by Board of Control: () Yes () No

Approved by the Body: () Yes () No Fees Paid: () Yes () No Date Paid: _____

Amount \$ _____ Check () # _____ Cash ()

New Member ID # _____ Fees given to Treasurer: () Yes () No Date: _____

Reason for denial or other comments:

Mail Application to:

Wallowa County Sheriff Search & Rescue
104 West Greenwood Ave.
Enterprise, OR 97828