



APPLICATION FOR MEMBERSHIP
FLATHEAD COUNTY SEARCH AND RESCUE ASSOCIATION, INC.
P.O. BOX 358, KALISPELL, MONTANA 59903
www.sar911.com

Please type or print

NAME (first, middle, last): _____

Nickname/preferred name if different from above: _____

Address (mailing): _____

Address (residential): _____

Years at current address: _____ **Years of permanent residency in MT:** _____

Address (previous): _____

Phone (home): _____ (work) _____ (cell) _____

Email address: _____

DOB: _____ **Age:** _____ **Place of birth:** _____

SS#: _____ **ARE YOU BONDABLE?** _____

The following information will be kept confidential and will not affect the decision toward your membership:

Height: _____ **Weight:** _____

List any medical problems, including allergies:

List any medications you are taking:

IN CASE OF EMERGENCY, CONTACT: (name, phone, address & relationship to applicant):

References (please list three non-family references, with contact information):

1) _____

2) _____

3) _____

Please list any other volunteer or service organizations you have belonged to and contact information:

Write a brief summary of your experience, activities and prior training or certifications that you feel will be valuable to search and rescue. Also include any areas of interest that you have in the organization. (Applicants may attach additional pages if needed.)

SIGNATURE: _____ **DATE:** _____

\$25 application fee. Please mail this application and check made payable to FCSAR in the amount of \$25 to:

**FCSAR
c/o membership committee
PO Box 358
Kalispell, MT 59903**

All applications are submitted to the Flathead County Sheriff's Office for a background check. Applicants must receive Sheriff's Office approval prior to consideration for service in any Search & Rescue Agency within Flathead County.

Office use only:

Approvals: Sheriff's Office _____ New member date _____
Board approval _____ MIGS _____
Application fee rec. y / n Senior member _____