

Marion County Search and Rescue Inc. Member Application

... that others may live

I. Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____

(Work) _____

Email: _____ Cell Phone: _____ Date of birth _____

Contact in an emergency: _____ Relationship: _____ Phone: _____

Driver License Number: _____ State: _____ Expiration Date: _____

II. Skills and Interests

Education: Degree _____ Institution _____ Dates attended _____

License(s) held: _____ Language(s) spoken fluently: _____

Hobbies, skills, and interests: _____

Occupation: _____ Employer: _____

Address: _____ Phone: _____

III. Emergency Services Experience (paid and volunteer, beginning with the most recent):

Are you currently working with an Emergency Services agency? ____ Yes ____ No If Yes, how long?

Agency's Name: _____ Position: _____ Career
_____ Volunteer _____

Agency's Address Street: _____ City _____ State: _____
Zip: _____

Chief/President/Supervisor: _____ Phone
Number: _____

List all other Emergency Services Affiliations:

	Agency	Position	How Long
1	_____	_____	
2	_____	_____	

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IV. Trainings/Certifications

Place a mark next to those areas or specialties for which you can provide documentation of training/certification.

Emergency Medical Certification

Basic 1st Aid _____ CPR _____ 1st Responder _____ EMT _____ B EMT-I _____ Paramedic _____ Paramedic - Specialist _____

Other, specify:

Water Rescue

Basic Boat Operation _____ Ice Awareness _____ Ice Rescue _____ Swift Water _____ Underwater/SCUBA _____

Vertical Rope Rescue

Rock _____ Wilderness _____ Urban _____ Industrial _____ Caving _____

Wilderness/Backcountry

Search Technician _____ Winter Survival _____

Confined Space/Collapsed Structure

Awareness _____ Collapsed Structure Operations _____ Trench _____ Technical/Raising-Rope Systems _____

Hazmat Operations

Awareness _____ Technician _____ Operations _____

Fire Fighting Operations

Certified Firefighter I or II _____ Incident Command System _____ Other, specify: _____

Disaster Scene Operations

General Scene Management _____ Incident Command _____

Background/Experience - Please explain any other technical background/experience you may have, including

current certifications:

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V. Physical Fitness

On a scale from 1-10, 1 being very unfit and 10 very fit, how would you rate your personal level of physical fitness? _____

Can you walk/run 1.5 miles in 20 minutes: ____ Yes ____ No ____ Maybe

Can you swim 200 meters wearing a life jacket? ____ Yes ____ No ____ Maybe

VI. General Questionnaire

Would your family/work schedule allow you to respond to a mission within 60-120 minutes? Yes ____ No ____

Would your family/work schedule allow you to participate in 10 plus hours of group training per month? Yes ____ No ____

Are you willing and capable of performing SAR functions anytime of the year, day or night, and in all weather conditions? Yes ____ No ____

Do you have any known medical conditions that may appear suddenly such as hypoglycemia,

epilepsy or other seizure disorders, cardiac or respiratory conditions? Yes_____ No_____ Do not specify condition

Are you at least 18 years of age? Yes_____ No_____

What types of equipment do you personally own for training purposes (helmet, wetsuit, pfd, extreme cold weather

clothing/boots, etc..)?

Do you have previous SAR experience? Yes_____ No _____

If yes, list Agency’s name, phone number, and explain your status with that Agency: _____

What skills sets do you have that will benefit the team?

List all hobbies or other activities with cross-over applications to search and rescue work:

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VII. References

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

VIII. Criminal Background

Have you ever been convicted of, plead guilty or a no contest plea to any felony ____ Yes ____ No

Have you ever been convicted of, plead guilty or no contest plea to any misdemeanor ____ Yes ____ No (other than a traffic ticket)

Have you ever been convicted of, plead guilty or no contest plea to any healthcare related offenses ____ Yes ____ No

Have you ever been convicted of, plead guilty or no contest plea to any military court or received a discharge other than honorable discharge in lieu of court marshal to any offense ____ Yes ____ No

Are you currently participating in a diversion and/or non-adjudication program ____ Yes ____ No

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IX. Verification and Consent for Reference and Background Check

I verify that the above information is accurate to the best of my knowledge.

I give Marion County Search and Rescue Inc. permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Marion County Search and Rescue Inc.

I hold Marion County Search and Rescue Inc. harmless of any liability, criminal or civil, that may arise as

a result of the release of this information about me. I also hold harmless any individual or

Organization that provides information to the above-named agency. I understand that Marion County Search and Rescue Inc. will use this information only as part of its verification of my volunteer application.

I understand that I will be asked to provide a FBI fingerprint background check or a U.S. Military security clearance check and that the information contained in the completed background check may disqualify me from becoming a member of Marion County Search and Rescue Inc.

Name (please print) _____

Signature: _____

Signature Date: _____

Witness Name: (please print) _____

Witness Signature _____

Witness Date: _____

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X. Disclosure and Release

Name (Last, First, MI): _____

Street address: _____

City, State, zip: _____

Last four Numbers of Social Security number: _____ DOB: _____

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report² and/or investigative consumer report ³ may be made in connection with my application with Marion County Search and

Rescue Inc. (including contract for services.) I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that Marion County Search and Rescue Inc. may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Marion County Search and Rescue Inc. to furnish the above mentioned information. A photocopy of this authorization shall have the same effect as the original. I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify Marion County Search and Rescue, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

The authorization granted herein expires one year from the date hereof.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Applicant's signature:

Witness

Date:

If you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

1 The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

2 A consumer report may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

3 An investigative consumer report means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics or mode of living is obtained through personal interviews with persons having knowledge.

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XI. Waiver

"I hereby apply for acceptance as a volunteer with Marion County Search and Rescue Inc.

"I understand that in doing so I may be asked to participate in training and/or search and/or rescue incidents and/or tasks (hereinafter events) anywhere in the world to serve in a potentially dangerous, chaotic, life-threatening situation where in my personal safety cannot be guaranteed. I understand that I am subjecting myself to situations that may encompass a variety of natural and manmade disasters and/or events in which I may be subject to illness, injury or death. I understand that these situations may lack proper water, food, shelter, sanitation and medical care. I further understand events may expose me to

death or disability caused by diseases, direct and indirect assault by humans and wild beasts, attacks by venomous creatures, exposure to environmental hazards (including but not limited to fires, high temperatures, flash floods, swift water, mud slides, landslides, rock slides, blizzards, ice storms, snowstorms, bitterly cold temperatures, tornadoes, high winds, lightning strikes, hazardous plant life, etc.), electrical shock, serious or deadly falls, hazardous terrain, and injury or death from a technical rescue system failure. I understand that all the modes of transportation available to me may pose a risk both at the event and transportation to and from the event. I understand that I may be subject to unusual emotional and psychological stress that may occur at the incident or long after the incident. I further understand that any appointment of a safety officer or other officer responsible for safety or the creation of a safety rule or regulation shall not be construed to be an indication that the Association is liable for my personal safety. Accordingly, I also realize that I may refuse any event for any reason and I may refuse, alter, or abort any task when I feel I have received an inadequate briefing, inadequate training, inadequate sleep, possess inadequate physical strength, or do not feel that the event is safe. Finally, I realize that the information available to those briefing me may be incorrect or inadequate.

"I understand Marion County Search and rescue Inc. will not provide insurance for me of any sort, whether disability, accident, medical, life or any other form of insurance. I understand that I will receive no pay for my services and may not receive reimbursement for my out-of-pocket expenses. "Nevertheless, I willingly volunteer to engage in such hazardous activities under often difficult conditions knowing that I may be exposed to life-threatening situations." As a consequence and in consideration of the privilege of training and participation with Marion County Search and Rescue Inc., I hereby assume all of the above mentioned risks, and will hold Marion County Search and Rescue Inc. harmless from any and all liability, actions, causes of actions, deaths, claims, demands of every kind and nature whatsoever, whether in tort in contract or in any other legal theory, which may arise from or in connection with my participation as a volunteer with Marion County Search and Rescue Inc. . In doing so I similarly release the officers, directors, agents and membership of Marion County Search and Rescue Inc... The terms of this release shall serve as a release and assumption of risks for my heirs, executor and administrators and for all those dependent upon me.

"I state that I am of legal age and competence according to the laws of the jurisdiction in which I reside and certify that I have read and understand the above. If I am married, my spouse joins in this release as evidenced by my spouse's signature below. If I am a minor my parent or legal guardian joins in this release as evidenced by the signature below."

Applicants Signature _____ Date _____ Print or type name _____

Witness Signature _____ Date _____ Print or type name _____

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XII. Medical Release

Medical Fitness Report

Full name: _____ DOB: _____

Medical Professional:

The person named above has applied for membership with Marion County Search and Rescue, Inc. Some physical and mental requirements include vigorous walking for long periods of time and control of emotions while working under stressful conditions. We at Marion County Search and Rescue, Inc. need to be reasonably certain of the health of prospective members for their safety and the safety of the team. We thank you for your evaluation of the above named applicant. Respectfully,
Marion County Search and Rescue, Inc.

Please complete the following:

Height: _____ Weight: _____ B / P: _____ Heart Rate: _____

Any illness, disease or chronic conditions of the applicant: _____

(Use a separate sheet if necessary)

Does the applicant have any physical limitations: _____?

(Use a separate sheet if necessary)

Do you have any reason to believe the applicant is not capable of hiking in woodland areas with a Moderately weighted backpack? (If so, please explain.) _____

Do you have any reason to believe the applicant is not capable of working in a clerical position? (If so, Please explain.) _____

Print or type name of Medical Professional: _____

Telephone: _____ Date: _____

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XIV. Marion County Search and Rescue's Code of Ethics Consent

• I have a moral obligation to the missing or injured and to the agencies, volunteer organizations and other

Marion County Search and Rescue Inc. members with whom I work. I will endeavor to guard their interests honestly and deal with them fairly, wisely, and in an efficient, proper manner. I will

behave honestly in all matters, respect privileged communication, avoid any real or perceived conflicts of interest, and deal with others courteously and politely.

- Whatever I see or hear of a confidential nature, will be held in confidence unless revelation is necessary in

the performance of my duty. I will not discuss the aspects of a search that is an ongoing criminal investigation.

I will hold in confidence the information provided by law enforcement and will cooperate with all legally

Authorized agencies and their representatives involved in the search process.

- I will promote the team concept within the SAR community and will not behave in a manner that brings

Discredit to my team or me. I will develop self-restraint and be constantly mindful of the welfare and feelings of others. I will treat others with the same dignity and respect I wish to be treated with. I will not criticize incident command, as I am not privy to the same knowledge.

- I will conduct myself in an exemplary fashion, both in my personal and professional life. I will not use my

service to seek out public recognition or self-promotion. If called upon to provide information to the media, I will promote the professional cooperation between agencies, giving credit where credit is due.

- I will not permit personal feelings or ideologies to interfere with the mission of saving human lives. I will utilize all properly trained resources, no matter what their affiliation or political beliefs. I will not engage in public ridicule, nor will I condone such acts by other SAR professionals.

- I will continuously work to raise the standards of performance of search and rescue to the highest attainable

Levels without regard to race, sex, religion, cultural background, sexual preference, economic, or social

condition in service to humanity. I have an obligation to advance the knowledge and skills of search and rescue so that I can serve the needs of the missing or injured. I will strive to improve my own knowledge and skills, support others by sharing my experiences, and strive to keep myself fully informed of new developments in the profession.

Signature: _____ Date: _____

Name: _____

Please return completed application to Marion County Search and Rescue, 134 Lake Diamond Ave, Ocala, Florida, 34472 with two passport side photos

If you have any questions you can email us at marioncountysearchandrescue@yahoo.com or call 765-727-0381