

**BONNER COUNTY SHERIFF OFFICE**  
**SAR Background Application**

SAR Unit applying for: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Place of birth: \_\_\_\_\_ SSN or DL# \_\_\_\_\_

Other names used: \_\_\_\_\_

Email: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

**References, besides relatives and employers**

Name	Address	Home and work phone	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**List last 3 former residences you've lived at during the past 10 years, beginning with your current.**

Dates there	Street address	City	State	Reason for moving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**List last 3 employers during the last 10 years, beginning with your most recent.**

Dates worked	Employer, Address & Phone	Title	Reason for leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Have you ever been arrested or charged, by any law enforcement agency, except for infractions? Y / N**  
**Please explain your answer and include date and location of incident(s).**

**Are you aware of any medical or physical conditions that may prevent you from fully discharging the duties of a SAR volunteer? Y / N**      **Please explain if yes.**

**If more room is needed for any of your answers, please use the reverse side.**

(OVER)

**By the submission of this application, I hereby accept the authority of the Bonner County Sheriff as being in charge of all official search and rescue missions, as per Idaho Statutes.**

**I understand that the Bonner County Sheriff's office will make a thorough investigation based on the information provided in this application, and I hereby authorize them to do so. I further authorize my former employers and references listed herein to respond to inquiries from the Bonner County Sheriff Office about my capabilities and personal qualities and do fully release them from any liabilities for information given the Sheriff in good faith.**

**I certify that the information provided in this application is true and correct to the best of my knowledge and belief. I agree that later discovery by the Sheriff that false information has been knowingly provided herein shall be grounds for immediate dismissal from the search and rescue organization.**

**The Sheriff may request additional information, if needed.**

**I have carefully read, understand, and agree to all of the above.**

**Applicants name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please list any additional information below.**