Bonner County Sheriff Search & Rescue Inc.

PO Box 11 265-0975
Ponderay, ID 83852 bcssar@localnet.com

Application for Membership

☐ ***REGULAR MEMBER*** *- COMPLETE ENTIRE FORM* ☐ ***AUXILIARY MEMBER****- COMPLETE 1st PAGE .*

Please complete, sign and send to the address above or give to your sponsor or a SAR officer.
Attach copies of NIMS, ICS, CPR/First Aid, EMT/CFR and other certificates; attach additional pages if needed.
NOTE: Circle phone numbers and other contact information that you do not wish published.

Print Last Name	First Name	MI	Preferred Name	Spouse's Name

Mailing Address	City	State	Zip

Home Phone	Work Phone	Pager No.	Cell Phone	Leave Message with this person at this no.

FAX No.:	E-mail Address:

Birthdate	Driver's License No.	State	Date Expires	Occupation

Employer	Employer's Address

May we contact you at work? ☐ yes ☐ spouse? Spouse's Work No.:

Who should we contact in the event of an emergency? ☐ Yes, spouse at home no. or work no.

Others: Name: Phone Nos.:

Name: Phone Nos.:

Do you have a sponsor or know a member who you would like to have as your sponsor? ☐ Yes ☐ No

If yes, who? (If no, one will be assigned.)

PLEASE READ CAREFULLY & SIGN - Application will not be processed without signature.

I certify that the information provided in this application is true and accurate to the best of my knowledge and belief. I acknowledge that later discovery that false information has been knowingly provided could be grounds for immediate termination of membership.

I SWEAR THAT I WILL NOT ABUSE ALCOHOL OR DRUGS WHILE A MEMBER NOR ENGAGE IN ANY ILLEGAL ACTIVITIES. I understand that a background check may be conducted and that by signing this application , I consent to said background check.

I fully understand the risks involved in search and rescue operations and am willing to take those risks thereby holding Search & Rescue harmless should an injury occur or there is an accidental loss of life or property.

Signature of Applicant Date