

# BONNER COUNTY SHERIFF'S OFFICE OFFICE OF EMERGENCY SERVICES SEARCH & RESCUE UNIT

## Application Only Search & Rescue Field Operations

The Bonner County Sheriff is responsible for coordination of all search and rescue operations within its jurisdiction per Idaho Code 46-1009 (6) (a). It is the policy of the Sheriff to command all SAR field operations conducted within Bonner County, Idaho and to personally review the application of all SAR Field Operation volunteers.

### Application Process:

1. If you would like to assist BCSO with its search and rescue mission, by participating in any SAR field operation, you must complete all sections of this application. Legibly print all information requested. Use a separate sheet of paper if any question requires additional space to answer.
2. All applicants will undergo an extensive criminal background investigation, including fingerprinting and photographs, and are required, based on reasonable cause to provide blood and/or urine samples for drug testing upon direction and expense of the Sheriff.
3. Applicants successfully passing the criminal background investigation will be scheduled for an interview by the Sheriff's SAR Operations Selection Board.
4. Applications approved by the Selection Board will be advanced to the Sheriff for his review. **Only those volunteers approved by the Sheriff may participate in BCSO SAR Field Operations**
5. All SAR Field Operations volunteers serve at the pleasure of the Sheriff, without compensation or benefits, except for liability and worker's comprehensive insurance which is provided to volunteers approved to participate in SAR Field Operations.
6. All applicants will receive a letter from the Sheriff advising of the approval/denial of their application.

### **PERSONAL**

Applicant's Last Name	First Name	Middle Name	Maiden Name
_____	_____	_____	_____
Place of Birth: _____		SSN: _____	
Other Names Used: _____			
Residence Address: _____			
(Number and Street)		(City)	(State & Zip)
Mailing Address: _____			
Home Phone:	Work Phone:	Cell Phone:	
(Optional) Fax Phone:	(Optional) E-Mail:		
Drivers License (State & Number):		Expires:	
Concealed Weapons Permit (State & Number):		Expires:	
In case of an emergency, notify:		Phone:	

**EDUCATION**

High School Graduate/ GED: Y / N	Date Received	
Issued by:		
College: Y / N	Degree(s) Earned:	Date(s) Received:
Issued by:		
Other Training/ Schools:		

**MILITARY STATUS**

Have you ever served in the U.S. Armed Forces? Y / N	Dates of Service:	
Branch:	Specialty:	Type of Discharge:

**EMPLOYMENT HISTORY**

List your employers for the last ten years, beginning with your most recent/ current. State the reason for leaving each employer.			
Dates Worked	Employer, Address & Phone	Title	Reason for Leaving
Dates Worked	Employer, Address & Phone	Title	Reason for Leaving
Dates Worked	Employer, Address & Phone	Title	Reason for Leaving
Dates Worked	Employer, Address & Phone	Title	Reason for Leaving
Dates Worked	Employer, Address & Phone	Title	Reason for Leaving
If any employer may give a negative report, please explain your side of issue below:			
Would your employer allow you to participate in searches during work hours?			
Yes _____ No _____.			

**REFERENCES**

Provide three (3) references living in Bonner County. Do not list relatives, current or former employers.

Name	Address	Home and Work Phone	Years Known
1.			
2.			
3.			

**FORMER RESIDENCES**

List all the addresses you have lived at during the previous 10 years:

Dates There	Street Address	City	State	Reason for Moving
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**MEDICAL HISTORY**

1. Are you aware of any medical or physical conditions that may prevent you from fully discharging the duties of a SAR Field Operations Volunteer? Y / N
2. Do you regularly take any prescribed medication? Y / N
3. Do you require any special consideration/ accommodations? Y / N

Please explain your answers:

**CRIMINAL HISTORY**

Have you ever been detained, questioned, arrested, or charged by any law enforcement agency? Y / N Please explain your answer and include date and location of incident(s):

**ACKNOWLEDGEMENT OF AUTHORITY**

By my submission of this application, I hereby accept the authority of the Bonner County Sheriff and his duly appointed representative(s) as being in charge of all Search and Rescue Operations.

Applicant's

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

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 County that false information has been knowingly provided herein shall be ground for immediate dismissal from the Bonner County Sheriff's Office SAR Field Operations Unit.

I UNDERSTAND THAT THE BONNER COUNTY SHERIFF'S OFFICE WILL MAKE A THOROUGH INVESTIGATION BASED ON THE INFORMATION PROVIDED IN THIS APPLICATION AND HEREBY AUTHORIZE THEM TO DO SO.

I further authorize my former employers, schools, and references listed herein to respond to inquires from Bonner County about my capabilities and personal qualities and do fully release them from any liabilities for information given the County in good faith.

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

Applicant's

Printed Name:

Signature:

Date:

State of Idaho

County of Bonner

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned, A Notary Public in fore said State, personally appeared the applicant \_\_\_\_\_, known to me to be the person whose name is subscribed to the application and this **AUTHORIZATION TO RELEASE INFORMATION**, and acknowledged to me that he/ she signed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certification first above written.

\_\_\_\_\_  
NOTARY PUBLIC for Idaho

Residing at:

Commission expires: