



**COCONINO COUNTY SHERIFF'S OFFICE
APPLICATION FOR SEARCH AND RESCUE**

TO: **Sheriff of Coconino County, Flagstaff, AZ**

I would like to volunteer my services as a member of the Search and Rescue Unit and help in any local or national emergency.

Please check: Mounted SAR General SAR

Instructions: Please print or type. If the space allowed is not sufficient, the answer should be numbered and completed on the backside of the page. Be sure to include all phone numbers and addresses requested. It is important that you answer ALL questions on your application FULLY AND ACCURATELY. If a question does not apply, please write "N/A" in the space.

I. PERSONAL INFORMATION

Name:			SS#:
Last	First	Middle	

Other Names used (list & explain):

Date of Birth:	Place of Birth:				
Race:	Sex:	Hair:	Eyes:	Height:	Weight:

Phone Numbers:	Home ()	Business ()
	Pager ()	Cell ()
Email Address:		

Will you work various hours?	

Starting with your present address, list all addresses in the last 10 years. Include physical address as well as mailing address if they differ.					
Address	City	State	Zip	From	To

Marital Status:	Spouse's Full Name:
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Name of Person to be notified in case of emergency:
Name:
Address:
Phone Number:

II. EDUCATION AND SKILLS

	School Name & Address	#Credit Hrs	Degree	Degree Date
High/GED:				
College:				
Other:				
Other:				
Other:				

List any Special Skills:

Type of Skill	Skill Level

III. EMPLOYMENT HISTORY (list your most recent employer first)

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Name of Present or Last Employer		Address			
Type of Business	Supervisor's Name	()	Phone #	May We Contact?	
Job Title	Date Worked From	Date Worked To	Starting Salary	Ending Salary	
Reason for Leaving					

Description of Work & Responsibilities:					

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Name of Present or Last Employer		Address			
Type of Business	Supervisor's Name	()	Phone #	May We Contact?	
Job Title	Date Worked From	Date Worked To	Starting Salary	Ending Salary	
Reason for Leaving					

Description of Work & Responsibilities:					

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Name of Present or Last Employer		Address			
		()			

Type of Business	Supervisor's Name	Phone #	May We Contact?
Job Title	Date Worked From	Date Worked To	Starting Salary
Ending Salary			
Reason for Leaving			

Description of Work & Responsibilities:

Were you ever discharged or asked to resign from employment? (If yes, list and explain.)	Yes	No
Employer	Address	Date
Supervisor		
Reason Discharged		

Employer	Address	Date	Supervisor
Reason Discharged			

Employer	Address	Date	Supervisor
Reason Discharged			

IV. MILITARY RECORD

Are you a veteran?	Yes	No
Selective Service #:	Selective Service Class #:	

List your military Experience:				
Branch of Service	Service #	Date Entered	Date Separated	Honorable Discharge

If not honorably discharged, give type of separation:

Were you ever subject to disciplinary action?	Yes	No
If so, explain whether it was general, special, summary court martial, captains mast, article 15 or other:		

V. LIST ALL CRIMINAL ACTIVITIES**(in which you have been involved, except minor traffic accidents)**

Date	Original Charge	Charge Reduced To	Location	Police Agency

VI. LIST ALL CIVIL ACTION**(which have been brought against you)**

Date	Location	Action or Proceeding	Court Disposition

VII. HAVE YOU EVER BEEN BONDED?

Yes

No

(If yes, give details below)

VIII. DRIVING RECORD

List all moving violations received within the last five years:

Date	City	Charge	Disposition

List all motor vehicle accidents in which you have been involved as a driver:

Date	City	Charge (if any)	Disposition

Do you possess a valid driver's license?			Yes	No
License Number:	State:	Class:	Expiration Date:	

Have you ever possessed a license issued by another state?			Yes	No
			State:	Date:

Has your license ever been suspended or revoked?			Yes	No
Reason:			State:	Date:

Do you have automobile insurance?			Yes	No
Insurance Company:			Insurance Policy #	
Have you ever been denied automobile insurance?			Yes	No

IX. VEHICLES PRESENTLY OWNED

Vehicle Make:	Vehicle Model:	Vehicle Year:
Vehicle ID #:	License Plate & State:	

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Vehicle Make:	Vehicle Model:	Vehicle Year:
Vehicle ID #:	License Plate & State:	

X. REFERENCES (List two people, other than relatives, whom you have known for two years or more)

Name: _____	Address: _____	Phone: _____
_____	_____	_____

Name: _____	Address: _____	Phone: _____
_____	_____	_____

XI. GENERAL QUESTIONS (please provide explanations if you answer yes to any of the questions; continue answers on back if you need more space)

1. Do you use alcohol to excess? If yes, explain.
2. Have you ever been treated for alcoholism or narcotic addiction?

3. Have you ever used a dangerous or narcotic drug without a doctor's prescription? If yes, explain when and why.
4. Have you ever smoked marijuana? If yes, explain.
5. Have you ever sold dangerous or narcotic drugs and / or marijuana?
6. Have you ever used LSD or other illegal substances that may cause recurring side effects?
7. Have you ever been confined to a mental institution?
8. Have you ever suffered from or been treated for a nervous breakdown?
9. List all medical conditions, physical disabilities or operations you have had.
10. Do you/have you support(ed) any ideology that advocates the overthrow of the U.S. Government?
11. Why do you want to join Search and Rescue?
12. What do you feel you can contribute to Search and Rescue?
13. Would you be able to participate in Search and Rescue activities on weekdays and weekends? If not, list the days that are most convenient for you to participate.

XII. GROUNDS FOR DISQUALIFICATION (please read and sign at the bottom of the page)

DISCRETIONARY DISQUALIFICATION

1. Shoplifting
2. Alcohol misuse and abuse
3. Mental Problems
4. Member of subversive organization
5. Experimental use of Marijuana – not within the last 6 months
6. Experimental use of Amphetamines, Barbiturates, Opium Derivatives (Cocaine), or other Hard Drugs – not within the last 5 years
7. Excessive Traffic Violations

AUTOMATIC DISQUALIFICATION

1. Commission of a Felony
2. Commission of a Misdemeanor within the past 12 months
3. Accepting pay for sex acts
4. Child molesting
5. Sale or Use of Marijuana or Derivatives; if use of marijuana was within the last 6 months, you must reapply; heavy use of Marijuana will cause disqualification)
6. Use or Sale of Amphetamines, Barbiturates, Opium Derivatives (Cocaine) or other Hard Drugs within the last 5 years; heavy use of such drugs will cause disqualification
7. Use of LSD or any other illegal substance that may cause reoccurring side effects
8. Falsifying questionnaire or application
9. Lying at an oral interview board or on a background investigation
10. Dishonorable discharge from military or other police agency
11. If previously employed as a law enforcement officer and since have committed or violated Federal, State, or City laws pertaining to criminal activity
12. Unresolved response to a polygraph exam.

I have read and understand the above grounds for disqualification.

Applicant's Signature: _____ Date: _____

XIII. EQUIPMENT

Do you possess any of the following equipment? If so, would you be willing to use it on a Search and Rescue operation?

<i>Equipment</i>	<i>Possess It</i>		<i>Willing to Use It</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Downhill Skis				
Cross Country Skis				
Snowmobile				
Scuba Diving Gear				
Boat				
ATC/ATV				
Horse / Mule				
Horse / Mule Trailer				
Other (specify)				
Other (specify)				
Other (specify)	Yes	No	Yes	No

XIV. TRAINING

Do you have training or experience in any of the following areas?

If your answer is yes, list where and when you received your training and/or what level of experience you attained

<i>Skill</i>	<i>Yes</i>	<i>No</i>	<i>Where</i>	<i>Date</i>	<i>Level</i>
First Aid					
CPR					
Scuba Diving					
Mountain Climbing					
Downhill Skiing					
Cross Country Skiing					
Hiking					
Snowmobile Operation					
Equitation / Horsemanship					

XV. SIGNATURE

I hereby agree to a background investigation by the Coconino County Sheriff and agree to abide by the rules and regulations governing the activities of the Coconino County Sheriff's Search and Rescue. I understand that, for security reasons, a basic clearance check will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check. This may include a polygraph.

Signature of Applicant Date

Approved by: _____
Sheriff, Coconino County Date

Return completed application to the Coconino County Sheriff's Office-SAR Unit
911 E. Sawmill Rd, Flagstaff, AZ 86001