FRANKLIN COUNTY SEARCH & RESCUE MEMBERSHIP APPLICATION



APPLICANT I	NFORM	1ATIO	N											Date					
Last Name	Name Fil					iirst				Mid	Middle				А	lias			
Street Address						A							Apartr	partment/Unit #					
City						State			ZIP	>									
Home Phone							Cell Ph	none											
Dirth				cial Secu	urity	No.				Employer									
E-mail Address																			
Do you have any	physica	l condition	ons th	nat wou	ld preve	nt yo	ou in pe	rformi	ng your	duties	as a	memb	er of	S&R?		YE	S 🗌	NO	
If "YES" state wh	at																		
Have you ever been arrested for a felony?													YE	s 🗆	NO				
If "YES" state wh	at																		
Were you convicted? YES \(\Boxed{\text{NO}} \\ \Boxed{\text{NO}} \\ \Boxed{\text{NO}}																			
EXPERIENCE																			
CHECK ALL ACTIVITIES YOU HAVE PARTICIPATED IN:						SPECIAL SKILLS													
HIKING	HIKING SNOW SHOEING				9	SCUBA DIVING CERTIFIED						LEVEL							
CAMPING SNOWMOBILING			ŀ	HAM RADIO CERTIFIED						LEVEL									
BACKPACKING CLIMBING			i	FIRST AID CERTIFIED						ТҮРЕ									
HUNTING WHITE WATER			E	EMT CERTIFIED LEVE							EVEL								
FISHING OFF ROAD ATV																			
EQUIPMENT																			
CHECK ALL EQUI	PMENT	YOU HA	VE IF	AN EMI	ERGENC	Y AR	ISES:												
SNOWMOBILE		FOUR-WHEELER				BOAT						KAYAK							
RAZOR	R MOTORCYCLE				ı	PORTABLE GENERATOR						HIKING BOOTS							
FIELD GLASSES SPOTTING SCOPE				AIRPLANE						DRON	E								
MEDICAL COI	NDITIO	ON																	
HEALTH EXCELLENT GO			GOOD	D FAIR			POO	POOR											
PHYSICAL COND	PHYSICAL CONDITION EXCELLENT GO			GOOD	POOR POOR														
DO YOU TAKE MEDICATION? YES			NO		TYPE														

NEW MEMBERSHIP PROBATION REQUIREMENTS

THE PROBATION PERIOD FOR THE FCSAR IS 6 MONTHS. DURING THIS 6 MONTH PERIOD THE PROBATIONARY MEMBER:

- WILL NOT BE ISSUED A RADIO OR OTHER EQUIPEMENT
- WILL NOT PAY MEMBERSHIP DUES UNTIL THE PROBATION PERIOD IS UP
- WILL ATTEND CALL OUTS AND TRAINING AS OUTLINE IN THE BY-LAWS (75%)
- MAY BE THE 3RD RIDER WITH A SEARCH AND RESCUE MEMBER

APPLICATION/MEMBERSHIP AGREEMENT AND WAIVER
I, AM AWARE THAT WHILE AN APPLICANT, I AM PERMITTED TO ATTEND AND OBSERVE FCSAR ACTIVITES. ALSO ACHNOWLEDGE THAT AS A APPLICANT, A SIX MONTH PROBATIONARY MEMBER, OR ACTIVE MEMBER I MAY BE PARTICIPATING II AND RESPONDING TO ACTIVITIES THAT ARE, BY NATURE, INHERENTLY DANGEROUS. THESE ACTIVITIES MAY INCLUDE, BUT ARE NO LIMITED TO, THE HAZARDS OF TRAVELING IN MOUNTAINOUS AND WILDERNESS TERRAIN IN ADVERSE WEATHER, ACCIDENTS, ILLNESS THE FORCES OF NATURE, TRAVEL BY AUTOMOBILE, ATV, SNOWMOBILE, HELICOPTER OR AIRCRAFT, PERFORMING SEARCH AND RESCU MISSIONS AND TRAINING. AS AN APPLICANT, PROBATIONARY MEMBER OR ACTIVE MEMBER, I DO THESE THINGS ENTIRELY OF MY OW INITIATIVE, RISK AND RESPONSIPILITY, AND ASSERTING THAT I WILL DO NOTHING THAT IS BEYOND MY LEVEL OF TRAINING OF EXPERTISE. THERFORE, IN CONSIDERATION OF THE BENEFITS TO BE DERIVED, I DO HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, RELEASE AND FOREVER DISCHARGE THE FRANKLIN COUNTY SEARCH AND RESCUE UNIT, ITS MEMBERS, OFFICER AND AGENTS FROM ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION ON ACCOUNT OF MY DEATH OR INJURY DUE TO FCSAR' ACTIVITIES.
I FURTHER REALIZE THAT I MUST BE IN, AND MAINTAIN THE PHYSICAL CONDITION NECESSARY TO PARTICIPATE IN THESE ACTIVITIES I UNDERSTAND THAT IF I DO NOT FEEL COMFORTABLE OR CEMPETENT IN A GIVEN SITUATION, IT IS MY RESPONSIBILTY TO ASSERT THAT I STOP THE ACTIVITY IMMEDIATELY AND IN A SAFE MANNER. I UNDERSTAND AS A PROBATIONARY MEMBER, MY PRIMARY FUNCTION IS TO LEARN, AND THAT I MAY BE REMOVED FROM MEMBERSHIP AT ANYTIME DURING MY SIX-MONTH PROBATION.
IF MARRIED, I HAVE TALKED TO MY SPOUSE AND THEY UNDERSTAND WHAT IS REQUIRED OF ME CONCERNING TIME AND THE COST TO BELONG TO THE FCSAR. I HAVE CONSIDERED IF MY EMPLOYER WOULD LET ME OFF WORK FOR AN EMERGENCY CALL OUT AND IF WOULD BE CUT IN WAGES. I HAVE COMPLETED THE REQUIREMENTS ASKED OF ME TO APPLY FOR THE FCSAR AND TO THE BEST OF M ABILITY DO WHAT IS REQUIRED TO BECOME A MEMBER.
I HAVE NOT MADE A FALSE STATEMENT OF ANY FACT IN THIS APPLICATION.
I GRANT PERMISSION FOR A BACKGROUND CHECK TO BE DONE BY THE SHERIFF'S DEPARTMENT.
SIGNATURE DATE

NOTE

The FCSAR board will keep all applications on file that are approved by the Sheriff's Department. The FCSAR board will present to the membership the applicant(s) they feel are the most qualified. Active members will either accept or reject applicants by a vote at the end of the 6-month probation. Applications are not approved, accepted, or voted on according to the order turned in, only by the merit of the application. Applications are reviewed and accepted as needed to fill vacancies.