



EL PASO COUNTY SEARCH AND RESCUE



MEMBERSHIP APPLICATION

Full Name			
SSN			
Drivers License #		State	
Address			
Date of Birth			
Home Phone			
Cell Phone			
Work Phone			
Email address			
Are you a US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No – I am a citizen of:		
Emergency Contact:			
Place of Employment:			
Presently enrolled in school?	<input type="checkbox"/> Yes – Where? <input type="checkbox"/> No		
Have you even been convicted of a felony?	<input type="checkbox"/> Yes – List charges: <input type="checkbox"/> No		
Describe all major medical injuries, conditions, and limitations.			
List medical training. (Enclose a copy of current certifications)			
List wilderness training & experience.			
List rescue training and experience.			

List professional or civic memberships.	
How did you hear about EPCSAR?	
List the times you would normally be available to respond to missions.	Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
What is your perception of what EPCSAR does?	
Why do you want to join EPCSAR?	
What are the contributions you can make to EPCSAR?	

The New Member Training is scheduled from 7:00-9:00 on every Monday and Wednesday evenings and 8:00-12:00 on every Saturday morning, starting late February 2009 for 12 weeks. 100% participation is required of the selected new members. Can you commit to this schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is the responsibility of the members to purchase and maintain their own required personal gear. Cost for personal gear can cost over \$1500 if purchased new. Do you understand the cost and have the ability to obtain the gear?	<input type="checkbox"/> Yes <input type="checkbox"/> No
After new member training, you would be required to attend a minimum of 50% of all field and classroom trainings, and 20% of missions. Are you willing and able to make this commitment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature		Date	
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Personal Inquiry Waiver

Full Name			
SSN			
Drivers License #		State	
Address			
Date of Birth		Sex	

I fully understand that El Paso County Search and Rescue conducts a background investigation of all applicants who are being considered for membership. This investigation may include, but is not limited to, an investigation of military, police, driving records, and character.

I hereby authorize any person who is contacted by El Paso County Search and Rescue personnel to release any information to El Paso County Search and Rescue pertaining to the background investigation including but not limited to military, police, driving records and character in the consideration of my application.

I further agree to release and hold harmless El Paso County Search and Rescue’s Elected Officials, Officers, Agents and Employees from any and all liability of claims which I may have arising out of the disclosure of such information to El Paso County Search and Rescue for use by El Paso County Search and Rescue in consideration of my application.

This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

Applicant’s Signature Date

Witness’ Signature Date

Note: A photocopy reproduction of this signed request shall be for all intents and purposes as valid as the original. You may retain this form in your files.