



Siskiyou County Sheriff's Office

Dear SAR Team Applicant,

I am pleased to hear that you are interested in joining the Siskiyou County Sheriff's Office Search and Rescue Team. Every member on the team plays a very important role in the search and rescue function. Siskiyou County is one of the largest counties in the state and is comprised of thousands of acres of national forest, numerous wilderness areas, and one of the highest mountains in the United States, Mount Shasta.

Please complete the enclosed application package and return it to me at the Siskiyou County Sheriff's Office in person or by mail. A mandatory background check will be conducted and an appointment will be made for you to be fingerprinted at our office at no cost to you. Upon completion of this process, you will then be sworn in as a volunteer team member of the Siskiyou County Sheriff's Office Search and Rescue Team.

If you have any questions or concerns, please feel free to contact me. Thank you in advance for your community interest and I look forward to meeting you.

Deputy S. Woods
SAR Coordinator
Siskiyou County Sheriff's Office
305 Butte Street
Yreka, CA 96097

530-841-2900



SEARCH AND RESCUE

SISKIYOU COUNTY SHERIFF'S OFFICE

CONFIDENTIAL
SEARCH AND RESCUE APPLICATION

Date: _____

Personal information			
Name:	Last	First	Middle
Mailing/Physical address			
City		Zip	
Home phone		Work phone	Cell
Email address		All normal SAR written communication is done using email. A current email address is essential for membership.	
How long at this address?		How long in California?	How long in Siskiyou Co.?
Date of birth		Place of birth	
Gender	Hair color	Eye color	Height
Weight	Blood type	Scars, marks, tattoos	
Are you a US citizen?		If naturalized, give date	
Marital status	# of dependants	Spouse's name	

Medical / Physical	
Have you now or ever had a serious physical ailment?	
If yes, explain:	
Describe any physical impairments or medications that you normally take (including medical marijuana):	

Education	
Highest grade completed	Degree or diploma
Major subjects	

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Employment
Current occupation
Current employer, name and address

Military experience		
Branch	Length of service	Highest rank attained
List any special military training		
Type of discharge	Draft status (if applicable)	

Legal
List all arrests, and convictions, including traffic arrests:

Drivers License	
Drivers license number and class	Years of driving experience

Medical training
List any medical certifications (including CPR and First Aid) with certification number and expiration date

Law Enforcement training
List any law enforcement training and experience

Search and Rescue training
List any search and rescue training or experience

Other
List any other qualifications not covered in this application that you feel might be useful to this organization

References

Please list the names, addresses and phone numbers of 3 persons other than relatives or your past employers who know you well enough to give information about you

Name	Occupation
Address and phone number	
Name	Occupation
Address and phone number	
Name	Occupation
Address and phone number	

Employment history

List below your last 4 employers, positions held, periods of employment, and reasons for leaving. List present employer first. Please include any previous memberships in Search and Rescue or related organizations.

Employer	Position and type of work
Address and Phone #	
From:	To:
Reason for leaving	

Employer	Position and type of work
Address and Phone #	
From:	To:
Reason for leaving	

Employer	Position and type of work
Address and Phone #	
From:	To:
Reason for leaving	

Employer	Position and type of work
Address and Phone #	
From:	To:
Reason for leaving	

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Certification

I hereby certify that there are no willing discrepancies, misrepresentation, or falsifications in the above statements and answers to questions. I understand that any service performed by me as a volunteer does not entitle me to any rights as an employee of the County of Siskiyou, except as provided in Division 4, Chapter 10, of the Labor Code. I further understand that I will not be entitled to any tenure with the County of Siskiyou. I understand for security reasons, a basic background 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. I understand the Siskiyou County Sheriff's Department will not have to disclose the reason, if any, for not being selected for the program.

Candidate's signature _____

Date _____

Approval	Date
SAR Coordinator	
Overhead Team	
Sheriff	

Notes:

Delivery instructions

Mail to:

Deputy S. Woods
SAR Coordinator
305 Butte St., Yreka, Ca. 96097

530-841-2900 Office

Or hand deliver to the Sheriff's Office in Yreka

**Siskiyou County Sheriffs
Search and Rescue
305 Butte Street
Yreka, CA 96097**

ACKNOWLEDGEMENT OF AT-WILL VOLUNTEER

I, _____, acknowledge that I am an "At-Will Volunteer" with the Siskiyou County Sheriffs Office, without vested property rights in my position as a volunteer. I may be terminated / released at any time, without cause and without right of appeal.

Applicant Signature _____.

Witness Signature _____.

Date _____.

Jeremiah LaRue, Sheriff - Coroner

10/09 kjr

DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

SHADED AREAS REQUIRED BY PROGRAM REGULATIONS

ATTACH PHOTOGRAPH HERE	<i>This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.</i>		
CLASSIFICATION:	SPECIALTY:		
REGISTERING AGENCY OR JURISDICTION:			
SIGNATURE OF AUTHORIZED PERSON:			TITLE:
REGISTRATION DATE:	RENEWAL DATES:		
EXPIRATION DATE:	DSW CARD ISSUED? NO? YES? #:		
PROCESSED BY:	DATE:	TO CENTRAL FILES:	

NAME: LAST	FIRST	MI	SSN:	
ADDRESS:	CITY:			STATE ZIP:
COUNTY:	HOME PHONE:			WORK PHONE:
PAGER:	E-MAIL:			DATE OF BIRTH: (optional)
DRIVER LICENSE NUMBER: (if applicable)	DRIVER LICENSE CLASSIFICATION: A? B? C? OTHER DRIVING PRIVILEGES:			LICENSE EXPIRATION DATE:
IN CASE OF EMERGENCY, CONTACT:				EMERGENCY PHONE:
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)
BLOOD TYPE: (optional)				
COMMENTS:				

PARENT/LEGAL GUARDIAN CONSENT FOR MINOR

As the parent or legal guardian of _____, a minor, I hereby give my full consent and approval for him/her to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of him/her.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Government Code (GC) §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GC §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the

PRINT NAME

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

DATE

SIGNATURE

DATE

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH

TITLE

*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is at the discretion of the Accredited Disaster Council but not to exceed one year. (See GC §3102)