

Merced County Sheriff's Office Search and Rescue Team

Application for Membership

In applying to become a member of the Merced County Sheriff's Office Search and Rescue Team, you need to be aware of the following obligations which are assumed when becoming a member.

1. The Search and Rescue Team (SAR Team) is organized to assist the Sheriff in Search and Rescue and other functions deemed necessary.
2. Search and Rescue Team members serve without pay and are expected to provide their own transportation, equipment and expenses.
3. Search and Rescue Team members may be issued ID cards or other items which remain the property of the Sheriff's Office and must be surrendered upon demand of the Sheriff or designee under penalty.
4. Search and Rescue is a law enforcement function with an official chain-of-command and responsibility. Members must be and remain free of criminal activity.
5. Members must submit the authority of their team leaders, SAR Coordinator, Sheriff and/or designee.
6. Members are required to hold or acquire certification in CPR / First Aid.
7. Members are expected to attend Search and Rescue Team meeting and training sessions as assigned.
8. It is recommended that members be in good physical, mental and medical condition due to the stressful responsibilities of Search and Rescue functions.
9. Search and Rescue Team members must take an Oath of Office administered by a County Official. This oath binds the members to obey laws, obey superiors and refrain from using the position for personal gain or advantage.
10. Members are expected to conduct themselves at all times in a manner that brings credit to the Sheriff's Office, the Search and Rescue Team and the individual.
11. Search and Rescue Team members are volunteer "at-will" workers and can be dismissed from the Search and Rescue Team at any time, without or without cause, by the Sheriff or his designee and the decision cannot be appealed in any way.

If you feel you meet the requirements and can make the commitment of the Merced County Sheriff's Office Search and Rescue Team, please complete the application and e mail Lieutenant Leford to schedule an interview.

I have read and understand the conditions for membership. I agree or abide by the conditions as present above and hereby apply for Search and Rescue Team membership.

Signed: _____ Date: _____

Name: _____
(Last, First, Middle)

Date of Birth: _____ Place of Birth: _____

Driver's License #: _____ Sex: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Physical Address: _____

Mailing Address: _____

Home Phone: (____) _____ Cellular Phone: (____) _____

US Citizen (Y/N): _____ E-Mail: _____

References:

(List 3 personal references (not relatives) who have known you for at least 1 year)

Name	Address	Phone #
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Name	Address	Phone #
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Name	Address	Phone #
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Employment History:

Current or Most Recent Employer: _____

Business Phone: (____) _____ Address: _____

Date(s) of Employment: _____ Job Title: _____

Supervisor: _____ Reason For Leaving: _____

2nd Most Recent Employer: _____

Business Phone: (____) _____ Address: _____

Date(s) of Employment: _____ Job Title: _____

Supervisor: _____ Reason for Leaving: _____

List of Person(s) you have lived with over the past 5 years (Include phone, address, e-mail):

Is there anything in your past which might disqualify you from volunteering for a law enforcement agency? Yes___ No___ (Explain)

Have you ever been arrested or detained by law enforcement? Yes___ No___ (Explain)

List all traffic citations you have received in the past 10 years. (Include date, location, violation, city and state)

Have you ever been on formal or informal Probation or Parole? Yes___ No___ (Explain)

Has your driver's license ever been suspended, revoked or placed on restriction? Yes___ No___ (Explain)

Reasons for Applying:

Education / Specialized Training:

Other Clubs or Organizations:

Medical Disabilities or Problems, including Allergies: (Also Complete Attached Health Questionaire)

Emergency Contact Information

Name: _____ Relationship: _____

Home Address: _____

Work Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Signature of Applicant: _____ Date: _____

I hereby give my son/daughter permission to join the **Merced County Sheriff's Department Search and Rescue Team.**

Signed: _____ Print: _____

---Staff Use Only---

Rcvd (date): _____ Med Rv (Date/Int): _____ Interview (Date/Int): _____

Applicant: Approved Denied Date: _____ Team Assign: _____

Personnel Officer: _____ SAR Coordinator: _____

AUTHORIZATION AND CONSENT TO TREAT MINOR

Name of Minor: _____ Date of Birth: _____

The undersigned does / do hereby authorize the Merced County Sheriff's Department Search and Rescue Team, or Officer thereof, as agent for the undersigned to consent to any X- Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medical Practice Act, or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

Health Insurance: _____ Medical Number: _____

Father or Guardian	Signature	Date
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Mother or Guardian	Signature	Date
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Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Father Work Phone: (____) _____ Mother Work Phone: (____) _____

Merced County Sheriff's Department
Search and Rescue Team

Medical Statement

_____ Member Record _____ Confidential Information _____

Please Read Carefully Before Signing

This is a statement in which you are informed of some potential risks involved in the field of Search and Rescue (SAR) and of the conduct required of you during the SAR training program with the Merced County Sheriff's Department. Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the Medical History section, to enroll in the Search and Rescue Program. If you are a minor, you must have this statement signed by a parent or guardian.

Search and Rescue is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers. To function as a team member and support the operation, you must not be extremely overweight or out of condition. SAR is strenuous under most conditions. Your respiratory and circulatory systems must be in good health. If taking medication, consult your doctor and the SAR medical Officer before participation in the program. If you have any additional questions regarding this Medical Statement or the Medical History section, review them with a SAR Staff member before signing.

Medical History

To the Applicant:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in a Search and Rescue Program. A positive response to a question does not necessarily disqualify you from SAR. A positive response means that there is a pre-existing condition that may affect your safety or the team's safety and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in Search and Rescue. If you are applying for the Dive Rescue Team, a Diving Safety Officer will supply you with a medical statement and guidelines for a S.C.U.B.A. diving physical examination to take to your physician.

___Are you pregnant or do you suspect you may be pregnant?

___Are you currently under a Doctor's care?

___Do you regularly take a prescription and/or non-prescription medications? (with the exception of birth control)

___Are you severely allergic to Poison Oak?

___Frequent colds, sinusitis or bronchitis?

___Any form of lung disease?

___Pneumothorax (collapsed)

___Fear of the dark?

___History of chest surgery

___History of muscle or joint disease?

___Epilepsy, seizures, convulsions or take medication to prevent them?

___Inability to perform moderate exercise (walk 1 mile within 12 minutes)?

___History of high blood pressure or taking

___ Are you over 45 years of age and have 1 or more of the following?

- Currently smoke a pipe, cigars, cigarettes
- Have a high cholesterol level
- Have a family history of heart attacks?

Have you ever had or do you currently have:

___ History of back surgery?

Asthma, wheezing with breathing or wheezing with exercise?

___ Frequent or severe attacks of hay fever?

___ Claustrophobia or agoraphobia (fear of closed or open spaces)?

___ Behavioral health problems?

___ "Trick Joints" or other frequent muscle spasms?

___ Recurring migraine headaches or take medication to prevent them?

___ History of blackouts or fainting (full/partial loss of consciousness)?

___ Do you frequently suffer from motion sickness?

___ History of recurring back problems following surgery, injury or fracture?

___ History of ulcers or ulcer surgery?

medication to control it?

___ History of heart disease?

___ History of heart attacks?

___ Angina or heart blood vessel surgery?

___ History of ear/sinus surgery?

___ History of ear disease, hearing loss, problems with balance?

___ History of problems equalizing ears with airplane or Mountain travel?

___ History of bleeding or other blood disorders?

___ History of any type of hernia?

___ History of colostomy?

___ History of drug or alcohol abuse?

If you have answered yes to any above question, please explain: _____

The information I have provided about my medical history is accurate to the best of my knowledge.

Signature

Date

Signature of parent or guardian where applicable

Date

The completion of the information identified by an asterisk is mandatory in accordance with Govt. Code Sec. 8589 and the California Emergency Council Rules/Regulations; all other information is voluntary. Purpose of information is registration as a Disaster Service Worker.

DISASTER SERVICE WORKER REGISTRATION AND LOYALTY OATH

*Date Enrolled _____ Div/Reg. _____
SSN: _____
*Name _____ Sheriff ID _____
*Address _____ Date of Birth _____
_____ Hair _____ Eye _____
Home Phone (____) _____ - _____ Height _____ Weight _____
Work Phone (____) _____ - _____ Prof. Lic. No _____
Dr. Lic# _____ Class _____ Exp. Date _____

Loyalty Oath of Affirmation (Govt. Code Sec. 3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the 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; and that I will well and faithfully discharge the duties upon which I am about to enter.

(Signature of Volunteer/Disaster Service Worker)

(Signature of Parent or Guardian (applicant under 18 years of age))

(Signature of Authorized Official/Title)

Taken and subscribed by me on _____ at Merced, CA.

The Merced County Sheriff's Office SAR Coordinator will be responsible for maintaining this information.