MASON COUNTY SEARCH AND RESCUE

100 W Public Works Dr, Shelton, WA
PO Box 3144 Shelton, WA 98584   10T 488726E
www.MasonCountySAR.org   5233758N
info@masoncountysar.org

Search and Rescue Volunteer Application Instructions

The following application will be processed by our office as well as the Mason County Sheriff's Office. A background check is required to become a member of Mason County Search and Rescue, so please be thorough and forthright with your answers, supplying additional documents as appropriate to assist in the application process.

To complete the application process:

1. Complete the following application in its entirety. Attach other supplemental documents as needed.

2. There are two required FEMA courses to take per FEMA requirements. These courses are web-based and free. To receive necessary credits:

    a. Visit https://cdp.dhs.gov/femasid to register for your FEMA Student ID (If you don't already have one). This becomes your unique FEMA identification number and will be required to take the NIMS ICS courses.

    b. https://training.fema.gov/nims/ provides links to the two required courses.

        ICS-100: Introduction to the Incident Command System
        ICS-700: National Incident Management System, An Introduction

3. Deliver the completed and signed application packet with both ICS course completion certificates, DEM Emergency Worker form, and a digital (.jpg) photo suitable for an ID card to Mason County SAR by:

    a. Email: scan all documents into a PDF (photo as .jpg) and email to mcsartraining@gmail.com

    b. US Postal Service: Mason County Search and Rescue PO Box 3144 Shelton, WA 98584

4. The Mason County Sheriff's Office will conduct a background check. This process usually takes 2 or more weeks to complete. Please be patient.

5. When the background check is complete you will be contacted and assisted with the issuance of Mason County Department of Emergency Management temporary DEM number. This will include a photo of yourself and will be your official ID number during training and missions.

6. Now you're ready to start training! You're welcome to attend our monthly meetings usually scheduled the second Saturday of every month. Contact our Training Manager for a list of required trainings.

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Search and Rescue Volunteer Application

I am applying for the following team(s):

ESAR (Ground)   4X4/ORV   K9   UAV (Drone)   Operations Support

Personal Information:
This information is required by the Mason County Sheriff's Office to process your background check. Incorrect or incomplete entries will delay your application and may be cause for rejection.

Full Name:	
Address:	

City:		Zip:		Birth Date:	
Height:		Weight:		Gender:	
Hair Color:		Eye Color:		Blood Type:	
Driver's License No		State:		Exp. Date:	

Employer:		Job Title:	

Contact Information:

Home Phone:	
Work Phone:	
Mobile Phone:	
Email Address:	

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Mason County Search and Rescue - Volunteer Application

Emergency Contact:

Contact Name:	
Phone:	
Relationship:	

Why do you want to participate in Search and Rescue?

Driving Status:

Can you currently operate an automobile?	Yes	No
Do you hold a valid driver's license?	Yes	No
Do you have current auto insurance?	Yes	No
Has your driver's license ever been suspended or revoked?	Yes	No

If yes, when and why?	

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Please indicate your completion of any of the following certifications:

Certification	Issued By	Issue Date	Expiration Date
BLS Provider CPR			
BLS Provider First Aid			
Air / Blood borne Pathogens			
ICS IS - 100			
ICS IS - 200			
ICS IS - 300			
ICS IS - 700			
ICS IS - 800			
Wilderness First Aid			
Wilderness First Responder			

Are you currently, or have you previously been involved with another Search and Rescue organization?
        Yes   No

If yes, please provide the names of the SAR organizations you are/were involved with:

Please indicate your completion of any Search and Rescue training: Attach additional pages/documentation as needed.

SAR Course/Class	Issued By	Course Date	Expiration Date

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Medical

This information is provided solely for the purpose of a medical emergency and will be kept confidential. Detail any information relevant to your participation in Search and Rescue activities. Please note that a medical condition is not an automatic bar to acceptance. Each case is considered on its individual merits based on requirements of desired position.

Allergies:
List all allergies (including medications, foods, plants, bee stings,latex, etc.) as well as the type and severity of reaction you experience and any required treatment devices or medications.

Please describe any disabilities or limitations:

Medical Conditions, surgeries or injuries:
Please list any conditions (seizures, diabetes, lung conditions, heart attacks, heart conditions, asthma, bone/joint disorders, stroke, serious trauma, major surgeries, sports related injuries, ect.)

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Medications:

List all medications (including allergy meds).

Medication	Dosage	Taken to Treat

Other medical information:

Attach additional pages/documentation as needed.

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Mason County Search and Rescue - Volunteer Application

Background Information

Due to the sensitive nature of information available to Search and Rescue personnel, the Mason County Sheriff's Office considers answers to the following questions when determining if an applicant's personal situation could potentially result in a breach of security.

Criminal Convictions and Traffic Violations:

If you answer "Yes" to any of the following questions, please detail dates, times, location and circumstances in the space provided. Attach additional sheets and/or documentation as necessary. Include parole and/or probation information, if applicable. Only moving traffic violations will be considered as part of this application. A criminal conviction is not an automatic bar to acceptance. Each case is considered on its individual merits based on the requirements of the desired position(s). Failure to provide the requested information, however, will result in the rejection of the volunteer's application.

Have you ever committed a felony or misdemeanor?	Yes	No
Have you ever been arrested or taken to jail for any reason?	Yes	No
Have you ever been convicted of a misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)?	Yes	No
Have you been convicted of a moving traffic violation in the past 5 years?	Yes	No

If you answered "Yes" to any of the above questions please explain (including what it was, dates, time, location and any other circumstances/details:

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Mason County Search and Rescue - Volunteer Application

Volunteer Application Certification
IMPORTANT - PLEASE READ BEFORE SIGNING

1. I declare that any statements made by me in this volunteer application or information provided is/are true and complete. I understand that the statements made and information provided by me is/are subject to verification, and that any misrepresentation, fraud or omission of material facts is grounds to deny membership, or can be grounds for disciplinary action, including dismissal after membership is granted.
2. I attest that I have the legal right to live and work in the United States (proof may be required on acceptance of membership).
3. I am able to speak, read and write in the English language.
4. I affirm that I have read the minimum requirements for Mason County Search and Rescue and agree to meet the minimum standards to perform the requested duties.
5. I am in adequate physical condition to carry out the emergency assignment given to me and I am not subject to any medical problems or other infirmity of body or mind, except as noted in this application, which might render me unfit to carry out my emergency assignment.
6. I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of Emergency Management and/or the Mason County Sheriff.
7. In connection with this volunteer application, I authorize Mason County or any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued volunteer activity with the county and authorize the release of any such information including, but not limited to, any criminal conviction or driving offense on my record. Moreover, I hereby release Mason County and any agent acting on its behalf from any and all liability of whatever nature by reason of requesting such information from any person.
8. I fully understand that there are inherent risks involved with Search and Rescue work throughout the training process, active duty, response, transport, et cetera. I knowingly accept these risks and understand that Mason County Search and Rescue and the Mason County Sheriff's Office take appropriate measures to ensure safety during all operations. I further agree to maintain a safe working and training atmosphere for myself, my team, search subjects and the public by always acting and operating all equipment and vehicles in a safe manner. I understand that failure to do so, willfully, unknowingly, by my actions or lack of actions, I can be terminated and/or removed from active status.

I request that you do not contact my present employer unless necessary to determine my qualifications for the selected position(s).

Date:	
Applicant Signature:	
Guardian Signature (minor applicants):	

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Fill out the Department of Emergency Management Registration Card for yourself and if applying with a K9 fill out a separate Emergency Worker Registration Card for the K9.

EMERGENCY WORKER REGISTRATION CARD

Jurisdiction: **Mason County**			Issue Date:	Registration #:
Name (Last):	(First):	(Middle):	Social Security Number: **Not Needed**	
Address 1:				
Address 2:				
City:	State:	Zip Code:		
Driver's License No.:	Date of Birth:	Blood Type:	Sex (M-F):	PHOTOGRAPH Please include a .jpg photo with your application. Do not insert here.
Height:	Weight:	Color Eyes:	Color Hair:	
Physical Disabilities (If any):				
Home Telephone:		Cell Telephone:		**- In Case of Emergency - Please Notify:**
I certify that the information on this card is true and correct to my best knowledge and belief.				
Emergency Worker Signature:			Date of Signature:	Name:
Emergency Worker Assignment (WAC-118-04-110):				Telephone Number with Area Code:
Authorizing Signature:	Local Jurisdiction:		Date of Signature:	Relation to Emergency Worker:

Emd-024 (7/00) (FRONT)

EMERGENCY WORKER TRAINING RECORD

COURSE	HOURS	DATE COMPLETED

ADDITIONAL INFORMATION - REMARKS:

Email:

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Emd-024 (7/00) (BACK)

Mason County Search and Rescue
K9 Application

Emergency Worker (Owner) Name:	DEM Number:
Animal Name (owner last name and animal name):	Organization: MCSAR Canine

Address:

Home Phone:	Cell Phone:

Health/Shot Records

Breed:	Sex: ☞ Male ☞ Female	Hair Color:	Marking/ID Number:

Type (s) of Training:
I declare this information is true and accurate. I understand that my participation in this program is contingent upon the accuracy of the above information and that I am required to follow all laws and policies and procedures established by Mason County or its agents with regard to the emergency worker program and the activities of its volunteers.
Signed: Date:
Please email a digital photo of your animal to mcsartraining@gmail.com for your animal's ID card.

For Office Use Only:

Application Received (MCSO Only)	Background Completed:	DEM ID Issued:	DEM Number:

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PHOTOGRAPHIC AND VIDEO CONSENT & RELEASE FORM

I, _____, hereby consent and agree that Mason County Search and Rescue (MCSAR) has the right to take or use photographs or videos of me (and/or my property) and to use these in any and all media worldwide including online, now or hereafter known, for educational and promotional purposes.

I hereby release to Mason County Search and Rescue all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs or videos and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I (or my legal parent/guardian if under 18 years of age) have read and understand the foregoing statement, and am competent to execute this agreement.

Printed Name:	
Signature:	
Date:	
Guardian Signature (minor applicants):	