



K-9 Search & Rescue Team, Inc.



Thank you for your interest in K-9 Search & Rescue Team Inc. If you would like to join our team, please complete the application below. Be sure to write legibly. The application must be completed in full. Do not leave any spaces blank, write n/a if not applicable. Read and sign the last page of the application. K-9 Search and Rescue Team, Inc. does not discriminate on the basis of race, color, national origin, sex, religion, age disability, political beliefs, sexual orientation, or marital or family status. Some activities may have specific requirements.

Membership Application

FULL NAME: _____
First Name Middle Last Name

MAIDEN NAMES: _____ ALIASES: _____

ALL NAME CHANGES (please include dates and court of record): _____

MAILING ADDRESS: _____
Address City State Zip

PHYSICAL ADDRESS: _____
Address City State Zip

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL / PAGER: _____

PLACE OF WORK: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SS NUMBER: _____
mm/dd/yyyy

DRIVERS LICENSE: _____
state number

PLACE OF BIRTH: _____
City Country

RESIDENTIAL HISTORY

Please provide residential information for last 5 years

Address	City	County	State	Zip

EMPLOYMENT HISTORY

Please provide names, addresses and current phone numbers of all employers and supervisors for last 5 years

USE SEPARATE SHEET IF NECESSARY

Dates	Employer	Address	Phone	Supervisor

EDUCATIONAL HISTORY

Please provide names, addresses, dates of attendance, and copies of all diplomas, certificates or licenses

USE SEPARATE SHEET IF NECESSARY

Dates	Institution	Address	Completed Y/N	Degree

CERTIFICATIONS/PROFESSIONAL LICENSES

CURRENT MEDICAL CERTIFICATION: (provide copies of all certificates/licenses)

EMT or HIGHER FIRST RESPONDER CPR OTHER

If other, explain: _____

PROFESSIONAL LICENSES: (please provide copies showing type of license, date of issue, agency of issue, and expiration date)

MILITARY BACKGROUND

Please provide branch of service, dates of service, grade at time of separation, character of service, type of discharge, reenlistment code from DD214, member 4 copy, last unit of assignment, awards and medals, specialized schools, and disciplinary action, if any

REFERENCES

Please provide names, addresses and phone numbers of three personal references – these should not be family or friends

Name	Address	Phone	Relationship

REASON FOR APPLYING:

MEDICAL INFORMATION

DOCTOR: _____ PHONE: _____

HEALTH: EXCELLENT GOOD POOR

ALLERGIES, MEDICATIONS OR OTHER MEDICAL CONDITIONS: NONE YES (explain)

CURRENT IMMUNIZATIONS: (please provide a copy of immunization record OR religious exemption)

NEXT OF KIN: _____ PHONE: _____

RELATIONSHIP: _____

PREVIOUS SAR RELATED EXPERIENCE

Please provide name and address of team(s) or agencies(s), name and telephone number of team leader(s), and type of training/specialty – USE SEPARATE SHEET IF NECESSARY

Dates	Team Name	Address	Phone
	Team Leader	Specialty/Training	

Dates	Team Name	Address	Phone
	Team Leader	Specialty/Training	

PERSONAL SAR EQUIPMENT: NO YES (please provide a list)

CRIMINAL BACKGROUND HISTORY

Have you ever been convicted of a crime, pled no contest, or had adjudication withheld? If yes, please provide date(s), charge(s) and general comments below. (A conviction will not necessarily bar joining the Team. The Team Commander may consider the nature, date and circumstances as to whether the offense is relevant to the duties of the position applied for.)

NO YES

Have you ever been subject to a child or adult abuse investigation? If yes, please provide date(s), charge(s), and general comments below:

NO YES

Date	Charge	Comments

The principle purpose for requesting the information on this form is for conducting background checks on persons filling critical positions with responsibility for security of people or property; access to cash, checks, disbursements or receipts; authority for committing financial resources; access to medications; contact with minor children; and/or access to financial and personnel systems. Furnishing ALL information that is requested on this form is mandatory. Failure to provide the information may delay or prevent completion of the action for which the form is being completed. Information furnished on this form may be used by K-9 Search and Rescue Team, Inc., for personnel administration and will be transmitted to federal and state governments as required by law. Individuals have the right to review their own records. K-9 Search and Rescue Team, Inc. is responsible for maintaining the information supplied on the Applicant Release and Disclosure Form.

I have read and understand the Mission Statement, By-Laws, Policies, Standards, and Code of Ethics, and agree to abide by them for so long as I am a member of K-9 Search & Rescue Team Inc.

DATE SIGNATURE OF APPLICANT

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me by _____ on _____, 20____.

Witness my hand and official seal.

My commission expires: _____.

Notary Public

APPROVED DATE



K-9 Search & Rescue Team, Inc.



Release and Indemnity Agreement

I submit this RELEASE AND IDEMNITY AGREEMENT as part of my application for registration or re-registration as a search dog handler and/or support team member with the K-9 Search and Rescue Team, Inc., a volunteer nonprofit organization. I acknowledge that I am aware that while participating in activities under the auspices of the K-9 Search and Rescue Team, Inc., certain exposures to risk may be incurred.

These exposures include, but are not limited to: accident and/or sickness without readily available medical facilities, pathogens, the forces of nature, travel on the ground, on water and in the air, travel in high alpine terrain involving risks of falls, avalanche, exposure to the elements, strenuous physical work covering periods as long as several days, and the physical and other risks involved in high stress levels and high altitude work.

In consideration of the privilege to participate in the training and other programs offered by or through the K-9 Search and Rescue Team, Inc., within or outside the United States, I hereby assume all the risks involved and agree to indemnify and hold the K-9 Search and Rescue Team, Inc., its officers, agents and employees harmless from any and all liability that may arise in connection with my participation in the activities of the K-9 Search and Rescue Team, Inc. I agree that this waiver and this RELEASE AND INDEMNITY AGREEMENT shall be binding upon my heirs, and that it shall inure to the benefit of the successors, heirs, and assigns of the released parties.

Signed at _____, _____, 20____
(place) (date)

(Signature)

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me by _____ on _____, 20____.

Witness my hand and official seal.

My commission expires: _____.

Notary Public



K-9 Search & Rescue Team, Inc.



Applicant Release and Disclosure Form

I, _____, having made application with the K-9 Search and Rescue Team, Inc., Dolores, Colorado, and desiring that they be informed of my personal records pertinent to their investigation, hereby authorize any law enforcement agency or other person having personal knowledge about me, to furnish the K-9 Search and Rescue Team, Inc. or its authorized agent(s) with information in the investigation into all records which may be of interest to them. This authorization includes, but is not limited to, criminal and court records, references, school, and employment records, whether privileged or not. This authorization to furnish information is executed in consideration of my possible acceptance as a member of the K-9 Search and Rescue Team, Inc., and shall serve as a release of liability to all parties furnishing such information. A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

Print Name: _____

Signature: _____

Social Security Number: _____

STATE OF _____)

) ss.

COUNTY OF _____)

Subscribed and sworn to before me by _____ on _____, 20__.

Witness my hand and official seal.

My commission expires: _____.

Notary Public



K-9 Search & Rescue Team, Inc.



Application Check List

The following list is provided as a courtesy to a potential applicant for membership to K-9 Search and Rescue Team, Inc. The list shows the application information needed for Team evaluation. The Team does not charge an application fee or membership dues; however, any and all costs associated with the application, required equipment, training costs and personal expenses are the total responsibility of the applicant.

- 1. Completed Application Form
- 2. Copy of immunization record OR signed/notarized religious waver/exemption form
- 3. Copies of all medical certificates/licenses
- 4. Copies of all professional certificates
- 5. Copies of requested military records
- 6. Search and rescue equipment list
- 7. Original current background check (request form available)
- 8. Signed and notarized Release and Indemnity Agreement
- 9. Signed and notarized Applicant Release and Disclosure Form
- 10. CADET Applicant Only: Parent signed and notarized Power of Attorney
- 11. CADET Applicant Only: Parent signed firearm policy form
- 12. Signed and completed Beneficiary Designation Form