

# Ferry County Search & Rescue

Sheriff: Ray Maycumber • 509-775-3132



## STRIKE TEAM

### Ferry County Sheriff's Office Search and Rescue Membership Application

**Mail completed application to SAR PO Box 985 • Republic, WA 99166  
or drop-off at the Sheriff's Office.**

Full Legal Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Directions to your home:

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other No. \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_

Have you ever been a member of a Search and Rescue Unit:  Yes  No

If so where and what type of unit:

\_\_\_\_\_

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## **STRIKE TEAM Ferry County Sheriff's Office Search and Rescue Membership Application**

### WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

#### To whom it may concern:

I authorize you to furnish the Ferry County Sheriff's Office with any and all information that you have concerning me, my work, reputation, medical records, psychological testing and analysis and recommendation, military service and financial status, as well as a criminal history check. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Ferry County Sheriff's Office in determining my qualifications and fitness for the membership that I am seeking with the Ferry County Sheriff's Search and Rescue Organization.

I understand my rights under Title 5, United States Code, Section 552a, and the Privacy Act of 1974 and waive those rights with the understanding that the information furnished will be used by the Ferry County Sheriff's Office in volunteer assignment procedures.

I hereby release you, your organization and others from any liability or damage, which may result from furnishing this information requested.

Note: This form will be retained in the applicants file.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public in and for the State of Washington: \_\_\_\_\_

Residing: \_\_\_\_\_

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## STRIKE TEAM

Ferry County Sheriff's Office

## Search and Rescue Membership Application

### SPECIAL QUALIFICATIONS & SKILLS

List any special license you hold (such as pilot, radio operator, scuba, etc.)  
Showing licensing authority, original date of issue and date of expiration.

List any machinery or equipment that you can operate, including office machines and typing speed.

If you are fluent in foreign languages, indicate your degree of fluency, (excellent, good, fair,). In each area.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
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List any other skills or qualifications you may have.

### MEDICAL HISTORY

List the following information concerning all doctors consulted within the last three years and all periods of hospitalization. A medical physician may be asked to evaluate any or all medical problems prior to acceptance in Search & Rescue.

Nature of Illness or injury	Month and Year	Name and address of physician and/or hospital
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