

# Centre County Sheriff's Office Search and Rescue Member Application

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**Centre County Sheriff's Office SAR**  
**County Courthouse, Room 101, Bellefonte, PA 16823**

## **Section 1: Personal**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ (Last, First, Middle) DOB: \_\_\_\_\_.

Address: \_\_\_\_\_ Township: \_\_\_\_\_.

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_.

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ Extension # \_\_\_\_\_.

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

List any health problems/allergies you may have: \_\_\_\_\_.

Personal Physician: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

Are you able to leave work for emergency call outs? \_\_\_\_.

Have you ever been convicted of a crime? \_\_\_\_ If yes, explain \_\_\_\_\_

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## **Section 2: Vehicle/Driver Information**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_ Expiration: \_\_\_\_\_.

Vehicle:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_ Color: \_\_\_\_\_ License# \_\_\_\_\_ State \_\_\_\_\_

Are you licensed to operate a bus? \_\_\_\_.

Is your vehicle equipped to tow a trailer? \_\_\_\_.

**Section 3: Emergency Service/Military Experience**

Are you now a member or have you ever been a member of any emergency response organization (List additional sheets if needed)? \_\_\_\_\_.

Name of organization: \_\_\_\_\_ Type: \_\_\_\_\_.

Rank/Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_.

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Name of organization: \_\_\_\_\_ Type: \_\_\_\_\_.

Rank/Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_.

List current certificates related to emergency response, SAR, medical, etc. (Please attach copies of certificates:  
\_\_\_\_\_.

U. S. Military Service: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Dates: : \_\_\_\_\_ to \_\_\_\_\_.

Honorable Discharge: Yes \_\_\_\_\_ No \_\_\_\_\_

Pertinent Experience: \_\_\_\_\_.

**Section 4: References**

1) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Known: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Known: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Known: \_\_\_\_\_

List current CCSOSAR members you know \_\_\_\_\_.

**Section 5: SAR Interests**

What is your primary interest in Search and Rescue?

List specialty SAR related experience you may have: \_\_\_\_\_.

How did you hear of Centre County Sheriff's Office SAR? \_\_\_\_\_.

Are you available Thursday evenings and Weekends for meetings and training sessions? \_\_\_\_\_.

Why do you want join CCSOSAR and how do you feel you would best utilized?  
\_\_\_\_\_.

I, the undersigned certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered. My application may be rejected and if I am a member or accepted by CCSOSAR, my affiliation with CCSOSAR can be terminated at any time with or without advance notice.

Signed \_\_\_\_\_ Date \_\_\_\_\_.

(IF UNDER 18 Signature required by Parent or Guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Membership Requirements:**

Active members of CCSOSAR are expected to maintain a 50% attendance requirement for all unit functions, including monthly meetings, unit training sessions, classes, drills, fund raisers, and emergency call outs. Members are also required to meet minimum SAR training requirements for their SAR specialty in order to participate in emergency call outs. Active members who cannot meet minimum attendance requirements will be required to change their membership status in accordance with the By Laws.

**Monthly Business Meetings and the majority of CCSOSAR training sessions are held on Thursday evenings.**

**\*\* NOTE: APPLICATION NOT VALID UNLESS CONSENT FOR BACKGROUND CHECK IS SIGNED AND INCLUDED \*\***

T-Shirt Size: S M L XL XXL  
circle one

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**ID CARD DATA**

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Tel # \_\_\_\_-\_\_\_\_-\_\_\_\_\_

DL# \_\_\_\_\_ State: \_\_\_\_\_

Blood Type: \_\_\_\_\_

- Centre County Sheriff's Office Search and Rescue Consent for Background Check -

Date: \_\_\_\_\_.

Name: \_\_\_\_\_ (Last, First, Middle) DOB: \_\_\_\_\_.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_.

Please include a check or money order in the amount of \$20.00 payable to Centre Search & Rescue to cover your background check,

I authorize the Centre County Sheriff's Office or a duly appointed representative of CCSOSAR to make any and all investigations / background checks pertinent to this application as outlined in Article IV of the team By-Laws.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(IF UNDER 18 Signature required by Parent or Guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_