

Crook County Sheriff's Office  
P.O. Box 339  
309 Cleveland St.  
Sundance, WY 82729  
307-283-1225

# Crook County Search & Rescue

## Application for Membership



Name:		Home Phone			
Physical Address		Cell Phone			
Mailing Address		SSN			
Email Address					
WY Driver's License		Class		Limitations	
Years Resident Crook County?				Date of Birth	
Age		Height		Weight	
Physical Condition Handicaps?				Vision	
Comfortable at High Altitude?				Past Injuries?	

Employer:		Occupation	
Business Address		Work Phone	
Spouse Name		Contact Phone	

EMERGENCY NOTIFICATION		
Name	Phone	Relationship?

SPECIAL SCHOOLING/CERTIFICATIONS(Circle those that apply)							
CPR		BEC		EMT		Paramedic	
Nurse		Doctor		Other			
Other Special Skills							

**REFERENCES** (Do NOT list family or relatives)

	Name	Address	Phone	Employer	Years Known
1.					
2.					
3.					

Additional Information

*Use of your personal owned vehicle or other equipment on search & rescue operations is entirely up to the owner. See Policy & Procedure for additional information regarding use and damage or loss to personal equipment*

**Equipment Owned (Check all that apply)**

4x4/Pick-up		Snowmobile		ATV		Motorcycle		Boat	
Horses		X Country Skis		Snowshoes		Climbing Gear			
Amateur Radio License		Pilot License		Scuba Gear		OTHER			

**Area Knowledge**

Areas or drainages that you have extensive or specific knowledge or familiarity that may be an asset to the team please list. Map reading, compass or GPS skills?

---



---



---

**Search & Rescue Schools you have completed (please list date)**

MLPI		SAR TECH II		SAR TECH I		CPR/FIRST AID		High Ankle	
Man Tracking		Ice Rescue		Dive Rescue		ELT/PLB		Cave Rescue	
OTHER:									

I understand and acknowledge that my signature on this application represents and constitutes my freely give consent and authority for Crook County Search & Rescue to conduct any background investigation as CCSAR or the Crook County Sheriff's Office may deem appropriate.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**CCSAR Use Only**

<b>Sheriff's Check</b>	Accept	Reject			Date:	
Membership Committee Vote	Accept	Reject			Date:	
MEMBERSHIP VOTE	Accept	Reject			Date:	

Date: \_\_\_\_\_ Secretary Signature \_\_\_\_\_ CCSAR Capt Signature \_\_\_\_\_