

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 Crook County Resident?				Date of Birth	
Age		Height		Weight	
Physical Condition				Vision	
Handicaps?					
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

Sheriff's Check	Accept	Reject		Date:	
Membership Committee Vote	Accept	Reject		Date:	
MEMBERSHIP VOTE	Accept	Reject		Date:	

Date: _ _ _ _ Secretary Signature _ _ _ _ CCSAR Capt Signature _____