



CRAWFORD COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT OFFICE SEARCH AND RESCUE/SWIFT WATER/MEDICAL RESERVE/DRONE TEAM VOLUNTEER



APPLICATION

You have expressed an interest in assisting the Crawford County DEM SAR/SW/MR/Drone Teams . The following information will help you to better understand what may be involved.

The Crawford County DEM SAR/SW/MR/Drone teams will conduct operations involving the life or health of any person.

To discharge this duty, volunteer Search and Rescue units have been organized. It is important that you have a clear understanding of conditions and procedures when becoming a member of a volunteer Search and Rescue unit. These conditions and procedures include, but are not limited to the following:

- You will in no way have any Peace Officer powers; you will not be entitled to wear a concealed weapon,(**unless approved by command**) or in any way be considered a Peace Officer because of your service as a CCDEM SAR/SW/MR/Drone Volunteer.
- While on a mission with an assigned mission number, you will be covered by Workman's Compensation. Voluntary service to a Law Enforcement Agency may affect the validity of your own insurance policy.
- You will be expected to respond immediately when called, regardless of time of day or day of week, **when available**. Habitual (**never participating**) failure to respond to assigned missions , may result in your being expelled from your unit.
- You will work as assigned, and at the direction of the Search Coordinator or any other person designated to manage the search.
- You will be expected to serve on an assigned mission until it is completed or your services are no longer required.
- Arrangements with your employer for time off for Search and Rescue duty must be made by you. The CCDEM will not take part in any such arrangements nor intercede on your behalf. The CCDEM will confirm for your employer that you did take part in a mission, should it be necessary.
- No payment will be rendered for your service. You will furnish your own personal equipment such as clothing, boots, sleeping bag, etc.

The foregoing conditions are not intended to discourage you from offering your services and assistance. Rather, they are stated as objectively as possible, so that you will fully understand the situation and its potential disadvantages, and to protect both you and the Department.



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I authorize CCDEM SAR/SW/MR/Drone Volunteer Unit and Crawford County Sheriff's Office and any agent acting on behalf to conduct an inquiry into any information relating to my potential or continued membership with CCDEM SAR/SW/MR/Drone Volunteer Unit. I authorize the release of any such information, including but not limited to, any criminal conviction on my record. I hereby release from liability CCDEM SAR/SW/MR/Drone Volunteer Unit and its agents acting on its behalf for seeking, gathering and using such information, as may be allowed by law, and all other persons, employers, corporations or organizations for furnishing such information. I recognize that the results of any and all inquiries made by CCDEM SAR/SW/MR/Drone Volunteer Unit and Crawford County Sheriffs or any agents acting on its behalf and any verbal or written statements gathered shall remain solely the property of CCDEM SAR/SW/MR/Drone Volunteer Unit.

I understand that all CCDEM SAR/SW/MR/Drone Volunteer Membership are a branch of the CCDEM Office and a background investigation will be conducted by the Crawford County Sheriff Office.

I also understand that my membership can be terminated at any time should any untruthful information or statements be discovered on my application.

I will also obey all laws, rules and regulations of the United States, State of Arkansas, County of Crawford and the CCDEM SAR/SW/MR/Drone Office. While wearing the uniform and/or equipment of the CCDEM SAR/SW/MR/Drone Volunteer Unit, I will conduct myself in an exemplary manner, refraining from the use of any drugs or alcohol, or engaging in any activity which may bring discredit upon the CCDEM SAR/SW/MR/Drone Volunteer Unit.

Failure to abide by these rules and regulations shall result in the immediate termination of my membership.

I have read, or have had read to me, the above and testify that I understand the form and that all information is true and correct.

SIGNATURE

DATE



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MEMBERSHIP REQUEST

1. Must fill out applications and waiver provided.
 - A. Include one (1) set of fingerprint cards
 - Fingerprinting to be done at the Crawford County Sheriff's Office.
2. Applicant must provide a copy of current driver's license and/or pilot's license with application.
3. Applicant must be accepted by CCDEM Office following established processing procedure.
4. Following acceptance, applicant will be issued an ID card at the CCDEM office.

SPONSOR'S SIGNATURE

DATE

NOTE: Do not submit application without fingerprints, photo and copy of driver's/pilot's license.



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CCDEM Volunteer Membership

APPLICATION FOR MEMBERSHIP

Please put a number 1 by the most interested team and then 2 and so on. Multiple teams are highly discouraged and will only be awarded if enrollment is low. Unit for which I am applying:

	SAR		Swift Water		Medical Reserve		Drone		Mounted SAR	
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1. CURRENT DATA

NAME(LAST):	FIRST:	MIDDLE:
ADDRESS:	CITY:	STATE/ZIP:
PHONE(HOME):	PHONE(CELL):	OTHER:
EMPLOYER:	WORK #:	LENGTH OF EMPLOYMENT:
SUPERVISORS NAME:	SUPERVISORS #:	SPONSORED BY:

ARE YOU 18 YEARS OR OLDER? YES OR NO

2. MILITARY SERVICE

WHAT BRANCH:		<input type="checkbox"/> REGULAR	<input type="checkbox"/> RESERVES	<input type="checkbox"/> NATIONAL GUARD
DATE FROM:		DATE TO:		TYPE OF DISCHARGE:

3. TRAINING:

In the space below, list any training you have acquired that might apply to the membership you are seeking. List course or training name, description of training, who provided training, if a certificate was issued, and dates of training course.



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4. PERSONAL DATA

SOCIAL SECURITY#		DATE OF BIRTH:	
HEIGHT:	WEIGHT:	EYES:	HAIR:
PLACE OF BIRTH: (CITY, COUNTY, STATE)		BLOOD TYPE:	
Valid Driver's License NO and State:		EXPIRATION:	
Are you a United States Citizen:		YES	NO
If not are you eligible to be employed under a visa or entry permit?		YES	NO
Do you SPEAK, READ, and WRITE IN ENGLISH?		YES	NO
What other language skills do you posses?			
I can Speak	FLUENTLY	OR	A LITTLE
I can Read	FLUENTLY	OR	A LITTLE
I can Understand	FLUENTLY	OR	A LITTLE
I can Write	FLUENTLY	OR	A LITTLE
1.) Do you regularly take any prescription medication or any other drugs that may affect your work? <p align="center">YES NO</p>			
2.) Please list any and all prescription medication taken on a regular basis.			
3.) Do you have an alcohol or drug problem?		YES	NO
PLEASE EXPLAIN:			
4.) Have you ever been convicted of a Felony?		YES	NO
5.) Have you ever been convicted of a Misdemeanor involving moral turpitude, depravity or violation of Public Trust?		YES	NO
If you answered YES to #4 or #5, explain the nature of the offense, date of conviction, location, and penalty:			
6.) Please list professional society memberships, job related licenses, registrations, and certification. Include number and expiration dates:			



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5.) REFERENCES

List three (3) references locally, not related to you. These persons may be asked to appraise your character, ability, experience, personality and other qualities.

Name:		Address:		Phone:	
Name:		Address:		Phone:	
Name:		Address:		Phone:	

The term “Background Investigation” as used in this document refers to any and all information and sources of information that the CCDEM Office, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for CCDEM SAR/SW/MR/Drone Volunteer Membership.

I hereby certify that all statements made in this questionnaire are true and complete, and understand that any miss-statements or omissions may subject me to disqualification or dismissal.

I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the CCDEM or any of its Officers, Agents, or Employees for any statements, acts or omissions in the course of my background investigation.



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Please explain any other health concern you wish us to be aware of:

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