  

# COCONINO COUNTY SHERIFF’S OFFICE APPLICATION FOR SEARCH AND RESCUE

TO: **Sheriff of Coconino County, Flagstaff, AZ**

I would like to volunteer my services as a member of the Search and Rescue Unit and help in any local or national emergency.

Please check: Mounted SAR General SAR

Instructions: Please print or type. If the space allowed is not sufficient, the answer should be numbered and completed on the backside of the page. Be sure to include all phone numbers and addresses requested. It is important that you answer ALL questions on your application FULLY AND ACCURATELY. If a question does not apply, please write “N/A” in the space.

# PERSONAL INFORMATION

Name:

SS#:

Last First Middle

|  |
| --- |
| Other Names used (list & explain): |
|  |
| Date of Birth: | Place of Birth: |
| Race: | Sex: | Hair: | Eyes: | Height: | Weight: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone Numbers: | Home ( | ) | Business ( | ) |
|  | Pager ( | ) | Cell ( ) |
|  | Email Address: |

Will you work various hours?

|  |
| --- |
| Starting with your present address, list all addresses in the last 10 years. Include physical address as well as mailing address if they differ. |
| Address | City | State | Zip | From | To |
|  |  |  |  |  |  |
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Marital Status:

Spouse’s Full Name:

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| --- |
| Name of Person to be notified in case of emergency: |
| Name: |
| Address: |
| Phone Number: |

# EDUCATION AND SKILLS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | School Name & Address | #Credit Hrs | Degree | Degree Date |
| High/GED: |  |  |  |  |
| College: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |

List any Special Skills:

|  |  |
| --- | --- |
| Type of Skill | Skill Level |
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1. **EMPLOYMENT HISTORY (list your most recent employer first)**

# 1

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| --- | --- |
|  |  |
| Name of Present or Last Employer | Address |
|  |  | ( ) |  |
| Type of Business | Supervisor’s Name | Phone # | May We Contact? |
|  |  |  |  |  |
| Job Title | Date Worked From | Date Worked To | Starting Salary | Ending Salary |
|  |
| Reason for Leaving |

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| --- |
| Description of Work & Responsibilities: |
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**2**

|  |  |
| --- | --- |
|  |  |
| Name of Present or Last Employer | Address |
|  |  | ( ) |  |
| Type of Business | Supervisor’s Name | Phone # | May We Contact? |
|  |  |  |  |  |
| Job Title | Date Worked From | Date Worked To | Starting Salary | Ending Salary |
|  |
| Reason for Leaving |

|  |
| --- |
| Description of Work & Responsibilities: |
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|  |

**3**

|  |  |
| --- | --- |
|  |  |
| Name of Present or Last Employer | Address |
|  |  | ( ) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Business | Supervisor’s Name | Phone # | May We Contact? |
|  |  |  |  |  |
| Job Title | Date Worked From | Date Worked To | Starting Salary | Ending Salary |
|  |
| Reason for Leaving |

|  |
| --- |
| Description of Work & Responsibilities: |
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| **Were you ever discharged or asked to resign from** Yes No**employment? (If yes, list and explain.)** |
|  |  |  |  |
| Employer | Address | Date | Supervisor |
|  |
| Reason Discharged |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Employer | Address | Date | Supervisor |
|  |
| Reason Discharged |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Employer | Address | Date | Supervisor |
|  |
| Reason Discharged |

1. **MILITARY RECORD**

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| Are you a veteran? Yes No |
| Selective Service #: | Selective Service Class #: |

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| List your military Experience: |
| Branch of Service | Service # | Date Entered | Date Separated | Honorable Discharge |
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| If not honorably discharged, give type of separation: |
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| --- |
| Were you ever subject to disciplinary action? Yes No |
| If so, explain whether it was general, special, summary court martial, captains mast, article 15 or other: |
|  |
|  |

1. **LIST ALL CRIMINAL ACTIVITIES (in which you have been involved, except minor traffic**

**accidents)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Original Charge | Charge Reduced To | Location | Police Agency |
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1. **LIST ALL CIVIL ACTION (which have been brought against you)**

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| --- | --- | --- | --- |
| Date | Location | Action or Proceeding | Court Disposition |
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1. **HAVE YOU EVER BEEN BONDED?** Yes No **(If yes, give details below)**

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# DRIVING RECORD

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| List all moving violations received within the last five years: |
| Date | City | Charge | Disposition |
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| List all motor vehicle accidents in which you have been involved as a driver: |
| Date | City | Charge (if any) | Disposition |
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| Do you possess a valid driver’s license? Yes No |
| License Number: | State: | Class: | Expiration Date: |

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| Have you ever possessed a license issued by another state? Yes No |
|  | State: | Date: |

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| Has your license ever been suspended or revoked? Yes No |
| Reason: | State: | Date: |

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| --- | --- | --- |
| Do you have automobile insurance? | Yes | No |
|  |  |  |
| Insurance Company: | Insurance Policy # |
| Have you ever been denied automobile insurance? | Yes | No |

1. **VEHICLES PRESENTLY OWNED**

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| --- | --- | --- |
| Vehicle Make: | Vehicle Model: | Vehicle Year: |
| Vehicle ID #: | License Plate & State: |

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| --- | --- | --- |
| Vehicle Make: | Vehicle Model: | Vehicle Year: |
| Vehicle ID #: | License Plate & State: |

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| --- | --- | --- |
| Vehicle Make: | Vehicle Model: | Vehicle Year: |
| Vehicle ID #: | License Plate & State: |

1. **REFERENCES (List two people, other than relatives, whom you have known for two years or more)**

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| --- | --- | --- | --- | --- | --- |
| Name: |  | Address: |  | Phone: |  |
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| --- | --- | --- | --- | --- | --- |
| Name: |  | Address: |  | Phone: |  |
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# GENERAL QUESTIONS (please provide explanations if you answer yes to any of the

**questions; continue answers on back if you need more space)**

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| 1. Do you use alcohol to excess? If yes, explain. |
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| 2. Have you ever been treated for alcoholism or narcotic addiction? |
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| 3. Have you ever used a dangerous or narcotic drug without a doctor’s prescription? |
| If yes, explain when and why. |
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| 4. Have you ever smoked marijuana? If yes, explain. |
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| 5. Have you ever sold dangerous or narcotic drugs and / or marijuana? |
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| 6. Have you ever used LSD or other illegal substances that may cause recurring side effects? |
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| 7. Have you ever been confined to a mental institution? |
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| 8. Have you ever suffered from or been treated for a nervous breakdown? |
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| 9. List all medical conditions, physical disabilities or operations you have had. |
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| 10. Do you/have you support(ed) any ideology that advocates the overthrow of the U.S. Government? |
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| 11. Why do you want to join Search and Rescue? |
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| 12. What do you feel you can contribute to Search and Rescue? |
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| 13. Would you be able to participate in Search and Rescue activities on weekdays and weekends? If not, list the days that are most convenient for you to participate. |
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1. **GROUNDS FOR DISQUALIFICATION (please read and sign at the bottom of the page)**

*DISCRETIONARY DISQUALIFICATION*

1. Shoplifting
2. Alcohol misuse and abuse
3. Mental Problems
4. Member of subversive organization
5. Experimental use of Marijuana – not within the last 6 months
6. Experimental use of Amphetamines, Barbiturates, Opium Derivatives (Cocaine), or other Hard Drugs – not within the last 5 years
7. Excessive Traffic Violations

*AUTOMATIC DISQUALIFICATION*

1. Commission of a Felony
2. Commission of a Misdemeanor within the past 12 months
3. Accepting pay for sex acts
4. Child molesting
5. Sale or Use of Marijuana or Derivatives; if use of marijuana was within the last 6 months, you must reapply; heavy use of Marijuana will cause disqualification)
6. Use or Sale of Amphetamines, Barbiturates, Opium Derivatives (Cocaine) or other Hard Drugs within the last 5 years; heavy use of such drugs will cause disqualification
7. Use of LSD or any other illegal substance that may cause reoccurring side effects
8. Falsifying questionnaire or application
9. Lying at an oral interview board or on a background investigation
10. Dishonorable discharge from military or other police agency
11. If previously employed as a law enforcement officer and since have committed or violated Federal, State, or City laws pertaining to criminal activity
12. Unresolved response to a polygraph exam.

I have read and understand the above grounds for disqualification.

Applicant’s Signature: Date:

# EQUIPMENT

|  |
| --- |
| Do you possess any of the following equipment? If so, would you be willing to use it on a Search and Rescue operation? |
| *Equipment* | *Possess It* | *Willing to Use It* |
| *Yes* | *No* | *Yes* | *No* |
| Downhill Skis |  |  |  |  |
| Cross Country Skis |  |  |  |  |
| Snowmobile |  |  |  |  |
| Scuba Diving Gear |  |  |  |  |
| Boat |  |  |  |  |
| ATC/ATV |  |  |  |  |
| Horse / Mule |  |  |  |  |
| Horse / Mule Trailer |  |  |  |  |
| Other (specify) |  |  |  |  |
| Other (specify) |  |  |  |  |
| Other (specify) | Yes | No | Yes | No |

1. **TRAINING**

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| Do you have training or experience in any of the following areas? |
| If your answer is yes, list where and when you received your training and/or what level of experience you attained |
| *Skill* | *Yes* | *No* | *Where* | *Date* | *Level* |
| First Aid |  |  |  |  |  |
| CPR |  |  |  |  |  |
| Scuba Diving |  |  |  |  |  |
| Mountain Climbing |  |  |  |  |  |
| Downhill Skiing |  |  |  |  |  |
| Cross Country Skiing |  |  |  |  |  |
| Hiking |  |  |  |  |  |
| Snowmobile Operation |  |  |  |  |  |
| Equitation / Horsemanship |  |  |  |  |  |

1. **SIGNATURE**

I hereby agree to a background investigation by the Coconino County Sheriff and agree to abide by the rules and regulations governing the activities of the Coconino County Sheriff’s Search and Rescue. I understand that, for security reasons, a basic clearance check will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check. This may include a polygraph.

Signature of Applicant Date

Approved by:

Sheriff, Coconino County Date

Return completed application to the Coconino County Sheriff’s Office-SAR Unit 911 E. Sawmill Rd, Flagstaff, AZ 86001