



KEWEENAW COUNTY SEARCH AND RESCUE

MEMBERSHIP APPLICATION

INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
I POSSESS A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE NUMBER:		DATE OF BIRTH:	
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
PHONE:			EMAIL ADDRESS:		
CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			

AREAS OF INTEREST

BRIEFLY DESCRIBE WHY YOU WANT TO VOLUNTEER WITH KEWEENAW COUNTY SEARCH AND RESCUE:

PLEASE SELECT ALL THE TEAMS THAT INTEREST YOU:

- | | | |
|---|--|--|
| <input type="checkbox"/> TRAIL RESCUE | <input type="checkbox"/> WATER AND ICE RESCUE | <input type="checkbox"/> BACKCOUNTRY SEARCH AND RESCUE |
| <input type="checkbox"/> HIGH ANGLE RESCUE | <input type="checkbox"/> CONFINED SPACE RESCUE | <input type="checkbox"/> MEDICAL FIRST RESPONDER |
| <input type="checkbox"/> K9 SEARCH AND RESCUE | <input type="checkbox"/> COMMUNICATIONS | <input type="checkbox"/> OTHER _____ |

AVAILABILITY

DUE TO THE NATURE OF EMERGENCY RESPONSE, YOU WILL BE CALLED TO SERVE AT VARIOUS TIMES OF DAY.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR AVAILABILITY.

- | | | |
|--|------------------------------|-----------------------------|
| WOULD YOU NORMALLY BE AVAILABLE DURING THE WEEK (MON-FRI) DURING THE DAY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WOULD YOU NORMALLY BE AVAILABLE DURING THE WEEK (MON-FRI) EVENINGS AND AT NIGHT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WOULD YOU NORMALLY BE AVAILABLE DURING THE WEEKEND? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ARE YOU AVAILABLE ONCE OR TWICE A MONTH FOR MEETINGS AND TRAINING? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ARE YOU AVAILABLE SEMI-ANNUALLY OR QUARTERLY FOR LARGER TRAINING EVENTS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PLEASE DESCRIBE ANY SPECIAL CONSIDERATIONS REGARDING YOUR AVAILABILITY:

EXPERIENCE, SKILLS, AND COMFORT LEVEL

PLEASE SELECT A RATING (1 BEING THE LOWEST AND 5 BEING THE HIGHEST) FOR YOUR EXPERIENCE, SKILL LEVEL, AND/OR COMFORT LEVEL FOR THE FOLLOWING:

SNOWMOBILE OPERATION	1	2	3	4	5
OFF-ROAD VEHICLE (ATV OR SIDE-BY-SIDE) OPERATION	1	2	3	4	5
WATERCRAFT (BOAT OR JETSKI) OPERATION	1	2	3	4	5
HIKING MULTIPLE MILES THROUGH THE WILDERNESS WITH A PACK	1	2	3	4	5
NAVIGATION THROUGH THE WILDERNESS WITH BASIC NAVIGATION TOOLS	1	2	3	4	5
ROCK AND CLIFF CLIMBING	1	2	3	4	5
ENTERING AND WORKING IN CONFINED SPACES	1	2	3	4	5
PROVIDING BASIC FIRST AID AND ASSISTING SICK OR INJURED INDIVIDUALS	1	2	3	4	5
EMERGENCY MEDICINE AT A MEDICAL FIRST RESPONDER LEVEL OR ABOVE	1	2	3	4	5
COMMUNICATION AND FOLLOWING DIRECTION	1	2	3	4	5
LEADERSHIP AND DECISION MAKING	1	2	3	4	5
TWO-WAY RADIO COMMUNICATION	1	2	3	4	5

ADDITIONAL INFORMATION REGARDING EXPERIENCE, SKILLS, OR COMFORT LEVEL (PLEASE LIST ANY OTHER SKILLS THAT COULD BE RELATED TO THE OPERATION OF A SEARCH AND RESCUE UNIT):

FAMILIARITY AND KEWEENAW COUNTY KNOWLEDGE

PLEASE SELECT A RATING (1 BEING THE LOWEST AND 5 BEING THE HIGHEST) FOR YOUR FAMILIARITY OF THE FOLLOWING:

THE MOTORIZED TRAIL SYSTEMS OF KEWEENAW COUNTY	1	2	3	4	5
THE NON-MOTORIZED TRAIL SYSTEMS OF KEWEENAW COUNTY	1	2	3	4	5
OTHER NON-MAINTAINED ROADS IN KEWEENAW COUNTY	1	2	3	4	5
THE WATERWAYS OF KEWEENAW COUNTY	1	2	3	4	5
THE KEWEENAW COUNTY WILDERNESS	1	2	3	4	5

ADDITIONAL INFORMATION

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE. OPTIONAL: NAME(S) AND PHONE NUMBER(S) OF ANY CHARACTER REFERENCES:

SIGNATURE AND CONSENT

I AFFIRM THAT ALL INFORMATION PROVIDED IS ACCURATE AND TRUE, TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE THE KEWEENAW COUNTY SHERIFF'S OFFICE TO PERFORM A CHECK OF MY CRIMINAL HISTORY AND DRIVING STATUS.

SIGNATURE:

DATE: