



# Lake County Search and Rescue



## Membership Application

Regular Specialty

Application Fee \$10

Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Employer: \_\_\_\_\_

Will your employer release you for Search and Rescue Missions:  Yes  No  Maybe

Person to notify in case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you consulted with your family on joining L.C.S.A.R?  Yes  No

US Citizen:  Yes  No Lake County Resident:  Yes  No

References: Give the name of two-character references and two past employers with address and phone numbers:

1. \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

2. \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

3. \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

4. \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Provide on back of this application your reason(s) for wishing to join this organization and special skill and equipment that you have for Search and Rescue.

I hereby certify that all information on this page is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I understand that this application must be approved by the Board of Directors of the Lake County Search and Rescue Association, Inc. and the Lake County Sheriff. I will comply with the organizations By-Laws (a copy of which will be provided to me if I am accepted for membership). Established Search and Rescue procedures and will obey the legitimate orders of search leaders.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this applicant's background and recommend. Approval / Disapproval of His / Her application

Sheriff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Board of Directors has met with this applicant, reviewed the application and considered the recommendations of the Sheriff and Approve / Disapprove the application for membership.

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