



Lake County Search and Rescue



Regular Membership Application

Application Fee \$10

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: _____