

Lake County Search and Rescue

Regular Membership Application



Application Fee \$10

Name:		SSN:		
Date of Birth:	Pl:	ace of Birth:		
Street Address:		City:	Zip:	
Home Phone:	Work Phone:	Ce	Cellphone:	
Employer:				
Will your employer rele	ase you for Search and Rescue Missions:	\square Yes \square No \square	Maybe	
Person to notify in case	of Emergency:			
Relationship:	Home Number:	Cell Nu	mber:	
Address:		City:	Zip:	
Have you consulted with	h your family on joining L.C.S.A.R?	Yes \square No		
US Citizen: ☐ Yes	☐ No Lake County Resident:	□ Yes □ No		
References: Give the na	me of two-character references and two pas	t employers with address and phone n	umbers:	
1.	Address:		Zip:	
2	Address:		Zip:	
3	Address:		Zip:	
4	Address:		Zip:	
hereby certify that all info disifications or misreprese earch and Rescue Associa rovided to me if I am acce	ormation on this page is true, correct and contentations. I understand that this application ration, Inc. and the Lake County Sheriff. I without for membership). Established Search a	nplete to the best of my knowledge ar nust be approved by the Board of Dir Il comply with the organizations By- nd Rescue procedures and will obey t	nd contains no willful rectors of the Lake County Laws (a copy of which will be	
pplicant's Signature:		Dat	e:	
nave reviewed this applica	ant's background and recommend. Approval		1	
neriff's Signature:		Dat	e:	
	met with this applicant, reviewed the application for membership.	ation and considered the recommenda		
resident Signature:		Dat	e:	