



**WASHINGTON COUNTY SHERIFF  
SEARCH & RESCUE**

750 S 5400 W  
Hurricane, Utah 84737  
(435) 634-5734

**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last, First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone No's. \_\_\_\_\_  
Home Work Cell

Date of Birth \_\_\_\_\_ Where \_\_\_\_\_ Married? Yes \_\_\_ No \_\_\_  
City State

Employer \_\_\_\_\_ Since \_\_\_\_\_ Phone \_\_\_\_\_

Besides the above, what has been your employment history for the past five years?

\_\_\_\_\_  
Employer from – until

\_\_\_\_\_  
Employer from – until

\_\_\_\_\_  
Employer from – until

Military Service? Yes \_\_\_ No \_\_\_ Highest Rank Achieved \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Are you currently serving in the National  
Guard, Reserve, or as a member of a fire dept? \_\_\_\_\_  
Yes/No (if yes, which unit)

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Ever been suspended or revoked?

Yes \_\_\_ No \_\_\_ If yes, state reason and date \_\_\_\_\_

Please List all traffic violations within the previous three years.

Offense/date	Offense/date	Offense/date
Do you now have, or have you had, any physical disabilities?		Yes ___ No ___
If yes, please explain _____		

Have you ever used illegal drugs or abused prescription drugs?		Yes ___ No ___
If yes, please explain _____		

Would you voluntarily submit to drug testing?	Yes ___ No ___
(a refusal will be automatically disqualifying)	

Have you ever been adjudicated mentally defective or have you ever been committed to a mental institution?		Yes ___ No ___
If yes, please explain _____		

Have you ever been arrested or charged with violating any law other than a minor traffic violation?		Yes ___ No ___
If yes, please explain _____		

Are you restricted from possessing a firearm?		Yes ___ No ___
If yes, please explain _____		

List three references to whom you are not related:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

When are you available for searches and training? Days \_\_\_\_\_ Nights \_\_\_\_\_

Do you own a four wheel drive vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe \_\_\_\_\_

Which other specialized equipment do you own, i.e. 4 wheeler/climbing gear, etc., that would be an asset to the Search & Rescue? \_\_\_\_\_

Do you have any special skills or training that would be an asset to Search & Rescue i.e. Law Enforcement, medical, climbing, scuba diving? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Explain, briefly, why you would like to be a member of the Washington County Sheriff's Search & Rescue Team \_\_\_\_\_

**PLEASE READ CAREFULLY THE FOLLOWING STATEMENT BEFORE SIGNING.**

I understand that any false or misleading information or statement given in my application or interview, may result in my discharge.

I will obey and uphold all of the bylaws of the Washington County Sheriff Search and Rescue, to the best of my ability. I will be responsible for any items issued to me, such as decals, patches, badges, identification cards, and etc.

I understand that all said items are the property of the Washington County Sheriff's Search and Rescue, whether purchased by me or issued to me and agree to return them back to the organization upon my leaving or termination.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**Note: Photo and finger print cards from Sheriff's Office must be attached.**

I hereby authorize the Washington County Sheriff's Office to conduct and investigative search of my records and personal files regarding my past. I further authorize the Department's representatives to investigate and determine my qualifications through contact with previous my employers, listed contacts, and others who might have knowledge concerning my abilities, aptitudes, and behaviors.

I hereby absolve the Washington County Sheriff's Office, its investigators, my past employers, and others contacted, from any liability which may occur as a result of the investigative search.

I also authorize any previous employer or credit reporting agency to release any and all information in their possession, to the representatives of the Washington County Sheriff's Office. I explicitly acknowledge that this investigation is being instigated at my bequest.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**APPROVAL SIGNATURE BLOCK**

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Sheriff's Signature

Denied \_\_\_\_\_ Date \_\_\_\_\_  
Sheriff's Signature

Review by Board of Directors:

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Commander's Signature

Denied \_\_\_\_\_ Date \_\_\_\_\_  
Commander's Signature

Membership vote:

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_