



Long Island Search and Rescue Member Application

"... that others may live"

I. Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____
(Work) _____
(Cell) _____

Emergency Contact Name: _____ Relationship: _____
Best phone number to contact them: _____

Driver License Number: _____

Date of Birth ____/____/____

Under 18 only – Name of Parent/Guardian on Team sponsoring youth: _____

Current Employer – Name : _____ Occupation: _____
Address: _____ Phone #: _____

II. Skills and Interests

Education: Degree _____ Institution _____ Dates attended _____
Degree _____ Institution _____ Dates attended _____
Degree _____ Institution _____ Dates attended _____

License(s) held: _____
License(s) held: _____
License(s) held: _____

Language(s) spoken fluently: _____

Hobbies, skills, and interests:



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III. Emergency Services Experience (paid and volunteer, beginning with the most recent):

Are you currently working with an Emergency Services agency?					<input type="checkbox"/>	<input type="checkbox"/>	If Yes, how long?		
					Yes	No			
Agency's Name:			Position:		<input type="checkbox"/>	<input type="checkbox"/>			
					Career	Volunteer			
Street		City			State		Zip		
Agency's Address:									
Chief/President/Supervisor:				Phone Number:					
List all other Emergency Services Affiliations:									
	Agency			Position			How Long		
1									
2									
3									

IV. Physical Fitness

On a scale from 1-10, 1 being very unfit and 10 very fit, how would you rate your personal level of physical fitness?										
1	2	3	4	5	6	7	8	9	10	
Can you:				Yes	No	Maybe				
Walk/run 1.5 miles in 20 minutes?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Swim 200 meters wearing a life jacket?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Walk 3 miles in 45 minutes w/ 45 lb pack?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Walk 2 miles in 30 minutes w/25 lb pack?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Walk 1 mile in 16 minutes w/ no pack				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



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V. Trainings/Certifications

Place a mark next to those areas or specialties for which you can provide documentation of training/certification.					
Emergency Medical Certification					
<input type="checkbox"/> Basic 1 st Aid	<input type="checkbox"/> CPR	<input type="checkbox"/> 1 st Responder	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> Paramedic
<input type="checkbox"/> Paramedic - Specialist	<input type="checkbox"/> Other, specify: _____				
Water Rescue					
<input type="checkbox"/> Basic	<input type="checkbox"/> Boat Operation	<input type="checkbox"/> Ice Awareness	<input type="checkbox"/> Ice Rescue	<input type="checkbox"/> Swift Water	
<input type="checkbox"/> Underwater/SCUBA					
Vertical Rope Rescue					
<input type="checkbox"/> Rock/Wilderness	<input type="checkbox"/> Urban/Industrial	<input type="checkbox"/> Caving			
Wilderness/Backcountry					
<input type="checkbox"/> Search Technician	<input type="checkbox"/> Winter Survival				
Confined Space/Collapsed Structure					
<input type="checkbox"/> Awareness	<input type="checkbox"/> Collapsed Structure Operations	<input type="checkbox"/> Trench	<input type="checkbox"/> Technical/Raising-Rope Systems		
Hazmat Operations					
<input type="checkbox"/> Awareness	<input type="checkbox"/> Technician	<input type="checkbox"/> Operations			
Fire Fighting Operations					
<input type="checkbox"/> Certified Firefighter I or II	<input type="checkbox"/> Incident Command System	<input type="checkbox"/> Other, specify: _____			
Agricultural/Industrial					
<input type="checkbox"/> Ag. Machine/equipment	<input type="checkbox"/> Ag. Structure	<input type="checkbox"/> Indust. Machine/equipment			
Disaster Scene Operations					
<input type="checkbox"/> General	<input type="checkbox"/> Scene Management/Incident Command				
Background/Experience – Please explain any other technical background/experience you may have, including current certifications:					



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VI. General Questionnaire

Would your family/work schedule allow you to respond to a mission within 20-30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would your family/work schedule allow you to participate in 10 plus hours of group training per month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing and capable of performing SAR functions anytime of the year, day or night, and in all weather conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any known medical conditions that may appear suddenly such as hypoglycemia, epilepsy or other seizure disorders, cardiac or respiratory conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What types of equipment do you personally own for training purposes (helmet, wetsuit, pfd, extreme cold weather clothing/boots, etc..)?		
Do you have previous SAR experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list Agency's name, phone number, and explain your status with that Agency:		
List all hobbies or other activities with cross-over applications to search and rescue work:		
How did you hear about Long Island Search and Rescue?		
What skills sets do you have that will benefit the team?		



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VII. Personal References

Please provide the names and contact information of three people (not relatives) who know you well and can attest to your character.

Full Name	Phone Number	Relationship
Full Name	Phone Number	Relationship
Full Name	Phone Number	Relationship

VIII. Canine Handler Questionnaire (complete only if applying for this position)

Dog Information							
Do you already have a dog you'd like to train with Long Island Search and Rescue?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, complete the following information pertaining to that specific dog							
Name of dog:			Breed:				
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Spayed/neutered:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior Training:		<input type="checkbox"/> Obedience	<input type="checkbox"/> Agility	<input type="checkbox"/> AKC Tracking	<input type="checkbox"/> Field Trials	<input type="checkbox"/> Clicker	
		<input type="checkbox"/> Herding	<input type="checkbox"/> Schutzhund	<input type="checkbox"/> Earth dog	<input type="checkbox"/> Trailing	<input type="checkbox"/> Air scenting	
		<input type="checkbox"/> Other, specify:	<input type="checkbox"/> CGC				
Titles obtained:							
Handler Information							
Have you ever trained a dog(s) before?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, complete the following information pertaining to your experience as a trainer							
		<input type="checkbox"/> Obedience	<input type="checkbox"/> Agility	<input type="checkbox"/> AKC Tracking	<input type="checkbox"/> Field Trials	<input type="checkbox"/> Clicker	
		<input type="checkbox"/> Herding	<input type="checkbox"/> Schutzhund	<input type="checkbox"/> Earth dog	<input type="checkbox"/> Trailing	<input type="checkbox"/> Air scenting	
		<input type="checkbox"/> Other, specify:	<input type="checkbox"/> CGC				
Titles obtained:							



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IX. Verification and Consent for Reference and Background Check

I verify that the above information is accurate to the best of my knowledge.

I give Long Island Search and Rescue permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Long Island Search and Rescue.

I hold Long Island Search and Rescue harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Long Island Search and Rescue will use this information only as part of its verification of my volunteer application.

I understand that I will be asked to provide an FBI fingerprint background check or equivalent check and that the information contained in the completed background check may disqualify me from becoming a member of Long Island Search and Rescue. The background check submitted to Long Island Search and Rescue must be less than 2 years old from the date of this application. Attachments for the FBI Background Check are attached to this application.

Name (please print)

Social Security Number

Signature

Date

Witness

Date



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X. Disclosure and Release

Name (Last, First, MI): _____

Street address: _____

City, State, zip: _____

Social Security number: _____ DOB¹: _____

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report² and/or investigative consumer report³ may be made in connection with my application for membership with Long Island Search and Rescue (including contract for services.) I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that Long Island Search and Rescue may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Long Island Search and Rescue, Inc. to furnish the above mentioned information.

A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for membership or denial of membership. I hereby discharge, release and indemnify Long Island K-9 Search and Rescue, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

The authorization granted herein expires one year from the date hereof.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Applicant's signature: _____

Witness _____

Date: _____

If you are denied membership, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

² A consumer report may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

³ An investigative consumer report means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics or mode of living is obtained through personal interviews with persons having knowledge.



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XI. Waiver

"I hereby apply for acceptance as a volunteer with Long Island Search and Rescue.

"I understand that in doing so I may be asked to participate in training and/or search and/or rescue incidents and/or tasks (hereinafter events) anywhere in the world to serve in a potentially dangerous, chaotic, life-threatening situation wherein my personal safety cannot be guaranteed. I understand that I am subjecting myself to situations that may encompass a variety of natural and manmade disasters and/or events in which I may be subject to illness, injury or death. I understand that these situations may lack proper water, food, shelter, sanitation and medical care. I further understand events may expose me to death or disability caused by diseases, direct and indirect assault by humans and wild beasts, attacks by venomous creatures, exposure to environmental hazards (including but not limited to fires, high temperatures, flash floods, swift water, mud slides, landslides, rock slides, blizzards, ice storms, snowstorms, bitterly cold temperatures, tornadoes, high winds, lightning strikes, hazardous plant life, etc.), electrical shock, serious or deadly falls, hazardous terrain, and injury or death from a technical rescue system failure. I understand that all the modes of transportation available to me may pose a risk both at the event and transportation to and from the event. I understand that I may be subject to unusual emotional and psychological stress that may occur at the incident or long after the incident. I further understand that any appointment of a safety officer or other officer responsible for safety or the creation of a safety rule or regulation shall not be construed to be an indication that the Association is liable for my personal safety. Accordingly, I also realize that I may refuse any event for any reason and I may refuse, alter, or abort any task when I feel I have received an inadequate briefing, inadequate training, inadequate sleep, possess inadequate physical strength, or do not feel that the event is safe. Finally, I realize that the information available to those briefing me may be incorrect or inadequate.

"I understand LISAR will not provide insurance for me of any sort, whether disability, accident, medical, life or any other form of insurance. I understand that I will receive no pay for my services and may not receive reimbursement for my out-of-pocket expenses.

"Nevertheless, I willingly volunteer to engage in such hazardous activities under often difficult conditions knowing that I may be exposed to life-threatening situations." As a consequence and in consideration of the privilege of training and participation with LISAR, I hereby assume all of the above mentioned risks, and will hold LISAR harmless from any and all liability, actions, causes of actions, deaths, claims, demands of every kind and nature whatsoever, whether in tort in contract or in any other legal theory, which may arise from or in connection with my participation as a volunteer with LISAR. In doing so I similarly release the officers, directors, agents and membership of LISAR. The terms of this release shall serve as a release and assumption of risks for my heirs, executor and administrators and for all those dependent upon me.

"I state that I am of legal age and competence according to the laws of the jurisdiction in which I reside and certify that I have read and understand the above. If I am married, my spouse joins in this release as evidenced by my spouse's signature below. If I am a minor my parent or legal guardian joins in this release as evidenced by the signature below."

Applicants Signature

Date

Print or type name

Notary (Signature / Stamp)

Date

Print or type name

This form MUST be notarized

XII. Medical Release



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Medical Fitness Report

(To be filled out by MD, PA or NP only.)

Full name: _____ DOB: _____

Medical Professional: _____

The person named above has applied for membership with Long Island Search and Rescue, Inc. Some physical and mental requirements include vigorous walking for long periods of time and control of emotions while working under stressful conditions.

We at Long Island Search and Rescue, Inc. need to be reasonably certain of the health of prospective members for their safety and the safety of the team. We thank you for your evaluation of the above named applicant.

Respectfully,

Long Island Search and Rescue, Inc.

Please complete the following:

Height: _____ Weight: _____ B / P: _____ Heart Rate: _____

Any illness, disease or chronic conditions of the applicant: _____
(Use a separate sheet if necessary)

Does the applicant have any physical limitations: _____
(Use a separate sheet if necessary)

Do you have any reason to believe the applicant is not capable of hiking in woodland areas with a moderately weighted backpack? (If so, please explain.) _____

Do you have any reason to believe the applicant is not capable of working in a clerical position? (If so, please explain.) _____

Print or type name of Medical Professional: _____

Telephone: _____ Date: _____

Stamp and signature: _____



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XIII. Volunteer Written Interview Record

Name of Volunteer _____

Date _____

I. Questions

1. Why do you want to volunteer with our agency? _____

2. What would you like to gain from volunteering here? _____

3. What have you enjoyed most about your previous work? What have you enjoyed least? _____

4. Would you rather work by yourself, with a partner, or with a group? Why? _____

5. What kind of supervision do you prefer? _____

6. What questions can Long Island Search and Rescue answer for you? _____



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XIV. Long Island Search and Rescue’s Code of Ethics Consent

- I have a moral obligation to the missing or injured and to the agencies, volunteer organizations and other LISAR members with whom I work. I will endeavor to guard their interests honestly and deal with them fairly, wisely, and in an efficient, proper manner. I will behave honestly in all matters, respect privileged communication, avoid any real or perceived conflicts of interest, and deal with others courteously and politely.
- Whatever I see or hear of a confidential nature, will be held in confidence unless revelation is necessary in the performance of my duty. I will not discuss the aspects of a search that is an ongoing criminal investigation. I will hold in confidence the information provided by law enforcement and will cooperate with all legally authorized agencies and their representatives involved in the search process.
- I will promote the team concept within the SAR community and will not behave in a manner that brings discredit to my team or me. I will develop self-restraint and be constantly mindful of the welfare and feelings of others. I will treat others with the same dignity and respect I wish to be treated with. I will not criticize incident command, as I am not privy to the same knowledge.
- I will conduct myself in an exemplary fashion, both in my personal and professional life. I will not use my service to seek out public recognition or self-promotion. If called upon to provide information to the media, I will promote the professional cooperation between agencies, giving credit where credit is due.
- I will not permit personal feelings or ideologies to interfere with the mission of saving human lives. I will utilize all properly trained resources, no matter what their affiliation or political beliefs. I will not engage in public ridicule, nor will I condone such acts by other SAR professionals.
- I will continuously work to raise the standards of performance of search and rescue to the highest attainable levels without regard to race, sex, religion, cultural background, sexual preference, economic, or social condition in service to humanity. I have an obligation to advance the knowledge and skills of search and rescue so that I can serve the needs of the missing or injured. I will strive to improve my own knowledge and skills, support others by sharing my experiences, and strive to keep myself fully informed of new developments in the profession.

Signature: _____ Date: _____

Name: _____



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XV. Longislandk9sar Yahoo Website Use Consent

Long Island Search and Rescue uses a yahoo group website to share information with its members, such as training locations, meeting times, search and rescue related discussions, and is an important source of information to all of its members. The information located on this yahoo group is for your educational purpose only and is not to be distributed to any other persons outside of the Long Island K-9 Search and Rescue, Inc. organization without the written approval of Long Island K-9 Search and Rescue's officers and Board of Directors. Following are a list of rules that you must agree to before applying for membership to this yahoo group.

- The yahoo site "Longislandk9sar" is owned by Chris Padden unless otherwise transferred to another member.
- Use of the yahoo site "Longislandk9sar" is a privilege and therefore may be revoked at any time by Chris Padden or any of the moderators that are delegated by Chris Padden.
- The list owner with yahoo (Chris Padden) has final say in any and all disagreement between members.
- Any discussion on wrongdoing MUST be pre-approved by the list management and must include details that are verifiable.
- Any statements on wrongdoing must be TRUE or the poster will be guilty of Libel/Slander.
- Directions of the list owner(Chris Padden) will be immediately followed or members will be removed.
- It is important to have open, frank, and honest discussions on what is important to the professionalism of SAR and Long Island K-9 Search and Rescue, Inc. The list owner (Chris Padden) will only intervene if necessary for the protection of the membership and list.

I _____ have read the above rules and regulations regarding the use of the Longislandk9sar yahoo site and agree to abide by them.

Signature

Date



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XVI. Fee

There is a \$30.00 application fee with each application for membership submitted to Long Island Search and Rescue. This will cover your 1st year of membership with Long Island Search and Rescue. Please make check payments out to:

Long Island Search and Rescue
PO Box 1271
West Babylon, NY 11704

You may also pay in cash if you wish. All major Credit Cards are accepted. There is a \$2.00 processing fee added for all credit card transactions.

Long Island K-9 Search and Rescue, Inc.
PO Box 1271
West Babylon, NY 11704
www.lik9sar.org

Application Receipt for Long Island K-9 Search and Rescue, Inc

Date: _____

Long Island K-9 Search and Rescue Application Fee \$ 30.00
Credit Card Fee (If applicable) \$2.00

Total: \$ _____

Signature of Officer/Treasurer

We are a tax-exempt 501(c)3. Your contribution is tax deductible.
This receipt is not valid unless signed by one of the officers/treasurer of Long Island K-9 Search and Rescue, Inc