



PARK COUNTY SEARCH AND RESCUE RESOURCE APPLICATION



NAME: _____
Last First Middle

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____ PLACE OF BUSINESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

CELL PHONE CARRIER: _____ LENGTH OF PARK COUNTY RESIDENCY: _____

EMAIL ADDRESS: _____

SPECIAL SKILL AND/OR EQUIPMENT: _____

If elected as a resource to Park County Search and Rescue, I agree to abide by all laws, rules, and regulations governing the organization. If activated on behalf of Search and Rescue you will be covered by Worker's Compensation in the event you may be injured. Any personal equipment damaged or lost will be replaced once proper documentation has been submitted to the Sheriff's Office SAR Coordinator. Fuel costs incurred as a result of your assistance to a mission will be reimbursed provided it is within 24 hours and the proper receipts are submitted.

SIGNATURE: _____ DATE: _____

ACCEPTANCE DATE: _____ SHERIFF'S APPROVAL: _____

