

**David Thompson Search and Rescue Association, Inc.
New Member Application Process**

Welcome to the David Thompson Search and Rescue new member application process.

You can turn the completed application into the Sheriffs Office Dispatch or mail to:

David Thompson Search and Rescue
PO Box 1552
Libby MT 59923

The board meets at quarterly intervals to review and formally interview new applicants. You will be notified by phone as to the time and location for your interview.

Successful interviewers will then be subject to a background check by the Sheriffs Office before a letter is mailed to the applicant notifying them of their acceptance or denial in the organization.

Please take your time to completely fill out the application. We look forward to getting back to you.

Information contained in the application is considered confidential and for use only by those designated in the application process.

Application for Membership
David Thompson Search and Rescue Association, Inc. (DTSAR)
PO Box 1552 Libby, MT (South Lincoln County)

Interviewed _____
Board Approval _____

Date:	
Name:	
Physical Address:	
Mailing Address:	
Email:	
Home Phone:	
Cell Phone:	
Employer:	
Work Phone:	
Social Security Number:	
Drivers License Number:	
Date of Birth:	
How long a resident in Lincoln County:	
How long a resident in Montana:	
In case of an emergency notify:	
Emergency contact phone:	
Physical Status	
Are you able to engage in strenuous activities?	Yes No
Military Service	
Branch:	
Date of Service:	
Discharge Status:	
First Aid Training	
Are you certified in first aid?	
Expiration Date:	
Type of first aid certification:	
State where certified:	
Are you certified in CPR?	
Expiration Date:	
Type of Certification:	
Volunteer Service	
Have you had any prior involvement in a volunteer service organization?	Yes No
If yes, Organization: Location:	
Dates (start – end):	
Reason for leaving:	
In what capacity did you serve?	
Are you willing to train without being paid for it?	

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Skills					
What skills and services would you be able to provide DTSAR?					
	Yes	No		Yes	No
Map reading?			Compass use?		
Topographical understanding?					
List any equipment you have available for your use in Search and Rescue:					
Unit(s) of Interest <i>(Please Check the Unit Meetings if you want to receive a reminder call)</i>					
ATV/Snowmobile Unit					
Boat Unit					
Canine Unit (Contacted via email please indicate on your application)					
Communications Unit					
Dive Unit <i>(This unit is limited in size - you will be required to pass a physical agility test as developed by the unit)</i>					
4 x 4 Unit					
Junior Unit					
Medical Unit <i>(Please provide a photocopy of medical certifications with application)</i>					
Mountain Unit					
Availability					
Please rate your availability for searches by answering 1 – if always available, 2 – if available most of the time, 3 – if rarely available or 4 – not available					
Weekdays		Weekends		Variable	
Weeknights		Holidays			
References					
Name:				Phone:	
Name:				Phone:	
Name:				Phone:	

If I am selected to join DTSAR I will support the objectives and bylaws of this organization. I will give a minimum of 40 hours of service each year and maintain my First Aid and CPR certifications.

Signature: _____ Date: _____

Authorization to Release Information

I hereby expressly authorize release of any and all information which the Lincoln County Sheriff's Department may have concerning me, including information of a confidential or privileged nature to DTSAR.

I hereby release DTSAR and the Lincoln County Sheriff's Department from any liability for damage which may result from furnishing the information requested.

Signature: _____ Date: _____