

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

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

Prospective applicants should complete the application and attach a letter of recommendation written by an adult. The student should understand the requirements of the school to be considered in this program for school credit

The student will be notified of the acceptance of the application and if applicable, a time for a formal interview. The interview must be attended with a parent or legal guardian before they can be considered for acceptance in the DTSAR Junior Unit.

Please turn the completed application and letter of recommendation into the school principal.

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

Application Check List

| √ | Item | Date |
|---|---|------|
| | Completed application and letter of recommendation turned into school principal | |
| | Application reviewed by school principal and DTSAR Junior Advisor <i>(Attach notes if necessary)</i> | |
| | Application and letter of recommendation turned into DTSAR for interview scheduling and consideration | |
| | Interview date and time set up | |
| | Interview Time | |
| | Acceptance of applicant | |
| | Denial of applicant | |
| | Letter sent to applicant | |

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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 |
| 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? | |
| Skills | |
| What skills and services would you be able to provide DTSAR? | |
| | Yes No |
| Map reading? | Yes No |
| Topographical understanding? | Yes No |
| List any equipment you have available for your use in Search and Rescue: | |
| | |

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| 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: _____

Signature of Parent/Guardian: _____

.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: _____

Signature of Parent/Guardian: _____

.Date: _____