



Mohave County Sheriff's Office Search and Rescue
600 W. Beale Street
Kingman, AZ 96401
P: (928) 753-0753 • F: (928) 753-0765

SEARCH AND RESCUE VOLUNTEER REQUIREMENTS

You have expressed an interest in assisting the Mohave County Sheriff's Office in Search and Rescue Operations. The following information will help you to better understand what may be involved.

The Sheriff of Mohave County, under A.R.S. §11-441.C, shall conduct or coordinate within Mohave County Search and Rescue, operations involving the life or health of any person.

To discharge this duty, volunteer Search and Rescue Units [non-profit 501(c)(3)] have been organized. It is important that you have a clear understanding of conditions and procedures when becoming a member of a volunteer Search and Rescue Unit. These conditions and procedures include, but are not limited to the following:

- You will in no way have any Peace Officer powers or in any way be considered a Peace Officer because of your service as a Search and Rescue volunteer.
- While on a mission with an assigned mission number, you will be covered by Workman's Compensation. Voluntary service to a Law Enforcement Agency may affect the validity of your own insurance policy.
- You will be expected to respond immediately when called, regardless of time of day or day of week, unless you can furnish a valid excuse. Habitual failure to respond, even with an excuse, may result in your being expelled from your Unit in accordance with the Bylaws of the Unit.
- You will work as assigned, and at the direction of the Search Coordinator/Incident Commander or any other person designated to manage the search.
- You will be expected to serve on an assigned mission until it is completed or your services are no longer required.
- Arrangements with your employer for time off for Search and Rescue duty must be made by you. The Sheriff's Office will not take part in any such arrangements nor intercede on your behalf. The Sheriff's Office will confirm for your employer that you did take part in a mission, should it be necessary.
- No payment will be rendered for your service. Approved expenses while on a mission with an assigned mission number will be paid. You will furnish your own personal equipment such as clothing, boots, sleeping bag, etc.
- You must be 21 years of age.
- You must have a 4WD vehicle.

The foregoing conditions are not intended to discourage you from offering your services and assistance. Rather, they are stated as objectively as possible, so that you will fully understand the situation and its potential disadvantages, and to protect both you and the Department.

I authorize Mohave County Sheriff's Office and any of its Officers, Agents or Employees acting on its behalf to conduct an inquiry into any information relating to my potential or continued participation with Mohave County Sheriff's Office Search and Rescue. I authorize the release of any such information, including but not limited to, any criminal conviction on my record. I hereby release from liability Mohave County Sheriff's Office and any of its Officers, Agents or Employees acting on its behalf for seeking, gathering and using such information, as may be allowed by law, and all other persons, employers, corporations or organizations for furnishing such information. I recognize that the results of any and all inquiries made by Mohave County Sheriff's Office and any of its Officers, Agents or Employees acting on its behalf and any verbal or written statements gathered shall remain solely the property of Mohave County Sheriff's Office.

I understand that all Mohave County Search and Rescue Units are a branch of the Mohave County Sheriff's Office per A.R.S. 11-441.C &D and an extensive check of my background will be conducted by the Mohave County Sheriff's Office.

I also understand that I can be terminated at any time should any untruthful information or statements be discovered on my application.

I will also obey all laws, rules and regulations of the United States, State of Arizona, County of Mohave and the Search and Rescue Unit. While wearing the uniform and/or equipment of the Mohave County Sheriff's Office or the Search and Rescue Unit, I will conduct myself in an exemplary manner, refraining from the use of any drugs or alcohol, or engaging in any activity which may bring discredit upon the Mohave County Sheriff's Office or the Search and Rescue Unit.

Failure to abide by these rules and regulations shall result in the immediate termination.

I have read, or have had read to me, the above and testify that I understand the form and that all information is true and correct.

SIGNATURE

DATE

PRINTED NAME



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SEARCH AND RESCUE APPLICANT SPONSORSHIP

This form is to be completed by a current Search and Rescue member in good standing who will serve as the prospective applicant's Sponsor and turned in with the items identified below:

The prospective applicant, _____, is hereby sponsored for membership to the _____ Unit. This prospective applicant understands that sponsorship is required by one of the Search and Rescue Units.

Along with this form, the following items must be provided for an application to be considered:

1. Signed SAR Volunteer Requirements.
2. Completed SAR Application for Membership.
3. Include one (1) complete fingerprint card completed by a Law Enforcement Agency. Each Agency has established procedures for fingerprinting (hours or appointments).
4. Copy of current driver's license (front and back).
5. Recent full-length color photo of applicant.
6. Any corresponding Unit application fees (vary by Unit).

The prospective applicant understands that they must be accepted by the Mohave County Sheriff's Office following established processing procedures.

Following acceptance by the Mohave County Sheriff's Office and association with one of the Search and Rescue Units, a letter will be issued with additional information on attaining an identification card.

With the above requested items, I hereby request consideration for the prospective applicant's membership as their sponsor.

SPONSOR'S SIGNATURE

DATE

PRINTED NAME



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APPLICATION FOR MEMBERSHIP

Unit for which I am applying:

- Arizona Strip Unit Bullhead City Unit Kingman Unit Lake Havasu City Unit

ARE YOU 21 YEARS OR OLDER (Circle One)? YES OR NO

1. CURRENT DATA			
NAME(LAST):		FIRST:	MIDDLE:
ADDRESS:		CITY:	STATE/ZIP:
PHONE(PRIMARY):		PHONE(ALTERNATE):	OTHER:
EMAIL ADDRESS(PRINT CLEARLY):			
SOCIAL SECURITY #:		DATE OF BIRTH:	
HEIGHT:	WEIGHT:	EYES:	HAIR:
PLACE OF BIRTH (CITY, COUNTY, STATE):			
DRIVER'S LICENSE NUMBER:		STATE ISSUED:	EXPIRES:

Are you a United States Citizen? YES or NO

If not, are you eligible to be employed under a visa or entry permit? YES or NO

Have you ever been convicted of a Felony? YES or NO

If you answered YES, explain the nature of the offense, date of conviction, location and penalty:

Have you ever been convicted of a Misdemeanor? YES or NO

If you answered YES, explain the nature of the offense, date of conviction, location and penalty:

Do you SPEAK, READ and WRITE IN ENGLISH? YES or NO

What other language skills do you possess?

I can Speak _____	FLUENCY	OR	A LITTLE
I can Read _____	FLUENCY	OR	A LITTLE
I can Understand _____	FLUENCY	OR	A LITTLE
I can Write _____	FLUENCY	OR	A LITTLE

2. EMPLOYMENT DATA			
Employment Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Retired
Employer Name:	Phone:	Position Held:	
Length Employed:	Supervisor's Name:	Supervisor's Contact Number:	

Please list professional society memberships, job-related licenses, registrations, and certifications: Include number and expiration dates: _____

3. MILITARY SERVICE			
BRANCH:	<input type="checkbox"/> REGULAR	<input type="checkbox"/> RESERVES	<input type="checkbox"/> NATIONAL GUARD
DATE FROM:	DATE TO:	TYPE OF DISCHARGE:	

4. REFERENCES		
List three (3) references locally, not related to you. These persons may be asked to appraise your character, ability, experience, personality and other qualities.		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

5. EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED

Name:	City and State:	Dates:
Grade Completed:	High School Diploma: YES or NO	GED: YES or NO

UNIVERSITY OR COLLEGES ATTENDED

Name:	City and State:
Dates Attended:	Semester Hours Completed:
Major:	Minor:

UNIVERSITY OR COLLEGES ATTENDED

Name:	City and State:
Dates Attended:	Semester Hours Completed:
Major:	Minor:

DEGREES ATTAINED:

Bachelors:	Masters:	Doctorate:
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CURRENT MEDICAL CERTIFICATIONS

NONE

FIRST AID:	Expiration Date:
CPR / AED:	Expiration Date:
Wilderness First Aid:	Expiration Date:
EMT:	Expiration Date:
Paramedic:	Expiration Date:
Nurse:	Expiration Date:
Doctor or Advanced Practice Provider:	Expiration Date:
Advanced Wilderness Emergency Medical Training:	Expiration Date:
Name of Class:	

In the space below, list any training you have acquired that might apply to the membership you are seeking (not listed above). List course or training name, description of training, who provided the training, if a certificate was issued, and dates of training course. _____

The term "Background Investigation" as used in this document refers to any and all information and sources of information that the Mohave County Sheriff's Office, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for Search and Rescue Volunteer services.

I hereby certify that that all statements made in this application are true and complete, and understand that any misstatements or omissions may subject me to disqualification or dismissal.

I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the Mohave County Sheriff's Office or any of its Officers, Agents or Employees for any statements, acts or omissions in the course of my background investigation.

I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action the Mohave County Sheriff's Office and any of its Officers, Agents or Employees who may conduct my background investigation.

SIGNATURE

DATE

PRINTED NAME