

# Plumas County Search and Rescue Membership Application

**Full Name:** \_\_\_\_\_  
First Middle Last

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Address City State Zip Code

**Home Telephone #:** \_\_\_\_\_ **Work Telephone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Work Schedule (Days and Hours):** \_\_\_\_\_

**Time Available for SAR Call-outs:** \_\_\_\_\_

**Are there any conditions that would limit your availability:**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Please Explain:** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Emergency Contact # and Address:** \_\_\_\_\_

**Please describe your health?** Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

**Are you presently under the care of a physician or taking  
prescription drugs?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Could this limit your ability to be involved in SAR?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Explain:** \_\_\_\_\_

**Do you have any known allergies? Yes\_\_\_\_\_No\_\_\_\_\_**

**Explain:**\_\_\_\_\_

**Do you have any physical limitations that would preclude your active participation in SAR? Yes\_\_\_\_\_No\_\_\_\_\_**

**Explain:**\_\_\_\_\_

**Do you possess a valid California Drivers License? Yes\_\_\_\_\_No\_\_\_\_\_**

**Driver License Number:**\_\_\_\_\_ **Class:**\_\_\_\_\_

**What special skills do you have which may be of use in SAR?**\_\_\_\_\_

\_\_\_\_\_

**What type of training or experience do you have in the SAR field?**

\_\_\_\_\_

\_\_\_\_\_

**Do you have any medical training (i.e. First Aid, CPR, EMT, etc.)?**\_\_\_\_\_

\_\_\_\_\_

**What experiences (Military, Vocational, etc) have you had that may be beneficial to SAR?**\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a misdemeanor or a felony?**  
**Yes\_\_\_\_\_No\_\_\_\_\_If yes, please provide dates and circumstances:**

\_\_\_\_\_

**Please list five personal references:**

**1. Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Phone #(s):**\_\_\_\_\_

**2. Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Phone #(s):**\_\_\_\_\_

**3. Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Phone #(s):**\_\_\_\_\_

**4. Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Phone #(s):**\_\_\_\_\_

**5. Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Phone #(s):**\_\_\_\_\_

**I, the undersigned, do hereby understand that to become a member of PLUMAS CO. SEARCH & RESCUE, I will be under the jurisdiction of the Plumas County Sheriff and/or his authorized representatives. I also understand that a background investigation, conducted by the Plumas Co. Sheriff's Office, must be satisfactorily passed to continue my participation in Plumas Co. Search & Rescue activities. I further understand that I will receive no compensation from the Plumas Co. Sheriff's Office, the County of Plumas, or Plumas Co. Search & Rescue. I understand my membership may be terminated at any time, as outlined in the Team By-laws or by the decision of the Plumas Co. Sheriff, if conditions warrant.**

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**Signature**

**Date**

**Please Return to:**

**Plumas Co SAR  
PO Box 1774  
Quincy, CA 95971**