

ELMORE COUNTY SEARCH AND RESCUE
2600 American Legion Blvd.
Suite 140 Box 1118
Mountain Home, ID 83647
MEMBERSHIP APPLICATION

GENERAL INFORMATION:

DATE: _____
NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
CITY: _____ CELL PHONE/CARRIER: _____
EMPLOYER: _____ ADDRESS: _____
EMAIL ADDRESS: _____

DRIVERS INFORMATION:

SEX: _____ HEIGHT: _____ WEIGHT: _____ DL NUMBER: _____
HAIR: _____ EYES: _____ DOB: _____ STATE: _____ EXPIRES: _____
NEXT OF KIN: NAME: _____ RELATIONSHIP: _____ PHONE: _____

RESPONSE INFORMATION:

1. WOULD YOU BE ABLE TO RESPOND TO A MISSION:
AT NIGHT? YES: ____ NO: ____ FROM WORK? YES: ____ NO: ____ BAD WEATHER? YES: ____ NO: ____
2. DO YOU FEEL COMFORTABLE DRIVING OFF ROAD IN BAD WEATHER? YES: ____ NO: ____

EXPERIENCE:

1. HAVE YOU HAD TO SPEND AN UNEXPECTED NIGHT OUT? YES: ____ NO: ____
2. HAVE YOU PARTICIPATED IN:
HIKING ___ CAMPING ___ BACKPACKING ___ HUNTING ___ FISHING ___ CLIMBING ___
HORSEBACK RIDING ___ WHITE WATER ___ SNOWMOBILING ___ OFF ROAD: ATV ___ DIRT BIKE ___
ANY OTHER _____
3. DO YOU HAVE ANY MEDICAL TRAINING? YES: ____ NO: ____
4. ARE YOU AN EMT? _____ LEVEL _____ CERTIFIED: YES ____ NO ____
5. LIST ANY OTHER EXPERIENCE: _____

EQUIPMENT:

DO YOU HAVE: HIKING BOOTS ___ BACKPACK ___ SLEEPING BAG ___ TENT ___
GOOD OUTDOOR CLOTHING ___ 4X4 VEHICLE ___

MEDICAL CONDITION:

HEALTH: POOR ___ FAIR ___ GOOD ___ EXCELLENT ___
PHYSICAL CONDITION: POOR ___ FAIR ___ GOOD ___ EXCELLENT ___
DO YOU TAKE MEDICATION? YES ___ NO ___ TYPE: _____

INTERESTS:

SEARCH/RESCUE ___ SAFETY ___ TRAINING ___ MEDICAL ___ EQUIPMENT ___ PR ___ ADMINISTRATION ___
FUND RAISING ___ NEWSLETTER ___ COMMUNICATIONS ___

(OVER)

ELMORE COUNTY SEARCH AND RESCUE

BACKGROUND INFORMATION:

HAVE YOU EVER BEEN ARRESTED, OR CONVICTED OF ANYTHING OTHER THAN MINOR TRAFFIC VIOLATIONS?

YES ___ NO ___ IF YES, FOR WHAT _____

I GRANT PERMISSION FOR A BACKGROUND CHECK, TO INCLUDE DRIVING RECORD AS PART OF THIS APPLICATION.

SIGNATURE OF APPLICANT: _____

APPLICATION/MEMBERSHIP AGREEMENT AND WAIVER:

I _____, AM AWARE THAT WHILE AN APPLICANT, I AM PERMITTED TO ATTEND AND OBSERVE ECSAR ACTIVITIES. I ALSO ACKNOWLEDGE THAT AS AN APPLICANT, A SIX MONTH PROBATIONARY MEMBER, OR REGULAR MEMBER I MAY BE PARTICIPATING IN AND RESPONDING TO ACTIVITIES THAT ARE, BY NATURE, INHERENTLY DANGEROUS. THESE ACTIVITIES MAY INCLUDE, BUT ARE NOT LIMITED TO, THE HAZARDS OF TRAVELING IN MOUNTAINOUS OR WILDERNESS TERRAIN IN ADVERSE WEATHER, ACCIDENTS, ILLNESS, THE FORCES OF NATURE, TRAVEL BY AUTOMOBILE OR AIRCRAFT, PERFORMING SEARCH AND RESCUE MISSIONS AND TRAINING. AS AN APPLICANT, PROBATIONARY MEMBER OR REGULAR MEMBER, I DO THESE THINGS ENTIRELY OF MY OWN INITIATIVE, RISK AND RESPONSIBILITY, AND ASSERTING THAT I WILL DO NOTHING THAT IS BEYOND MY LEVEL OF TRAINING OR EXPERTISE. THEREFORE, IN CONSIDERATION OF THE BENEFITS TO BE DERIVED, I DO HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, RELEASE AND FOREVER DISCHARGE THE ELMORE COUNTY SEARCH AND RESCUE UNIT INC., ITS MEMBERS, OFFICERS, AND AGENTS FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION ON ACCOUNT OF MY DEATH OR INJURY DUE TO ECSAR'S ACTIVITIES.

I FURTHER REALIZE THAT I MUST BE IN, AND MAINTAIN THE PHYSICAL CONDITION NECESSARY TO PARTICIPATE IN THESE ACTIVITIES. I UNDERSTAND THAT IF I DO NOT FEEL COMFORTABLE OR COMPETENT IN A GIVEN SITUATION, IT IS MY RESPONSIBILITY TO ASSERT THAT I STOP THE ACTIVITY IMMEDIATELY AND IN A SAFE MANNER. I UNDERSTAND AS A PROBATIONARY MEMBER, MY PRIMARY FUNCTION IS TO LEARN, AND THAT I MAY BE REMOVED FROM MEMBERSHIP AT ANYTIME DURING MY SIX-MONTH PROBATION.

I UNDERSTAND AND AGREE TO THIS AGREEMENT AND WAIVER.

PARTICIPANT: _____ DATE: _____

SHERIFF: _____ ECSAR COMMANDER: _____