

FLOYD COUNTY SEARCH AND RESCUE

Auto Extrication / Ag Rescue
Water / Ice Rescue
Terrestrial Search
High Angle / Low Angle Rescue
Trench Collapse / Confined Space Rescue

101 S. MAIN STREET - SUITE #108
CHARLES CITY, IOWA 50616-2756
Phone: 641-257-6144
Fax: 641-257-6306
email: floydema@floydcoia.org

SEARCH & RESCUE MEMBERSHIP APPLICATION

FILL IN AS COMPLETELY AS POSSIBLE. TYPE OR PRINT CLEARLY.

DATE _____

PERSONAL INFORMATION

LAST _____ FIRST _____ MIDDLE _____

OTHER NAMES (maiden, prior, aliases, nicknames) _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (home) _____ (cell) _____ (work) _____

DATE OF BIRTH _____ AGE _____ SS# _____

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

MARITAL STATUS _____ SPOUSE'S FULL NAME _____

OCCUPATION _____ WORK HOURS _____

HOURS YOU WOULD BE AVAILABLE _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____

HOME PHONE _____ CELL PHONE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO
EXPLAIN _____

DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE? _____ YES _____ NO
LICENSE NUMBER _____ STATE _____ CLASS _____ EXPIRATION DATE _____

DRIVING RECORD

LIST ALL MOVING VIOLATIONS WITHIN THE LAST FIVE YEARS AND ALL
MOTOR VEHICLE ACCIDENTS YOU WERE INVOLVED IN AS A DRIVER.

PLEASE LIST ANY HOBBIES, SPECIAL INTEREST OR SKILLS.

REFERENCES (NOT IMMEDIATE FAMILY)

(NAME)	(ADDRESS)	(PHONE)
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

MEDICAL

SHOULD THERE BE ANY PHYSICAL OR MENTAL CONDITIONS THAT MIGHT
BE AFFECTED OR WOULD CAUSE PROBLEMS WHILE WORKING UNDER THE
ADVERSE SURROUNDS / CONDITIONS THAT MIGHT BE ENCOUNTERED.
SUCH CONDITIONS WOULD NOT AUTOMATICALLY EXCLUDE THE
APPLICANT, BUT THE LEADERS NEED TO KNOW THE CONDITIONS SO THEY
CAN PLAN FOR CONTINGENCIES THAT MIGHT OCCUR.

PLEASE LIST ANY MEDICAL CONDITION (S); SUCH AS DRUG OR FOOD
ALLERGIES, BEE STING ALLERGY, ALLERGIC TO AN ITEM, DIABETIC, ETC.

MEMBERSHIP REQUIREMENTS

ACTIVE MEMBERS OF FLOYD COUNTY SEARCH AND RESCUE ARE EXPECTED TO MAINTAIN A 75% ATTENDANCE REQUIREMENT OF ALL UNIT FUNCTIONS, INCLUDING MONTHLY MEETINGS, UNIT TRAINING SESSIONS, CLASSES, DRILLS, FUND RAISERS, AND EMERGENCY CALL OUTS. MEMBERS ARE ALSO REQUIRED TO MEET MINIMUM SAR TRAINING REQUIREMENTS FOR THEIR SAR SPECIALTY IN ORDER TO PARTICIPATE IN EMERGENCY CALL OUTS. ACTIVE MEMBERS WHO CANNOT MEET MINIMUM ATTENDANCE REQUIREMENTS WILL BE REQUIRED TO CHANGE THEIR MEMBERSHIP STATUS IN ACCORDANCE WITH THE BYLAWS. ALL NEW APPLICANTS WILL BE ON A 1-YEAR PROBATIONARY PERIOD FROM DATE OF ACCEPTANCE.

DISCLOSURE AND MEMBERSHIP AGREEMENT NOTICE

THE INFORMATION CONTAINED IN THIS MEMBERSHIP APPLICATION WILL REMAIN CONFIDENTIAL AND WILL NOT BE RELEASED OUTSIDE OF THE EXECUTIVE BOARD MEMBERS WITHOUT YOUR PERMISSION, OTHER THAN FOR USE IN OFFICIAL ROSTERS OR REGISTRATION AND / OR FOR INSURANCE PURPOSES.

BY SIGNING THIS APPLICATION, YOU ARE GIVING THE FLOYD COUNTY SEARCH AND RESCUE EXECUTIVE BOARD MEMBERS EXPLICIT PERMISSION TO CONTACT THE REFERENCES THAT YOU HAVE PROVIDED AND TO CONDUCT A BACKGROUND CHECK. NO MEDICAL EXAMS ARE REQUIRED. THE RESULTS OF ANY SUCH INVESTIGATION MAY BECOME A PART OF THIS APPLICATION.

IN THE EVENT OF ACCEPTANCE, YOU AGREE TO FOLLOW THE RULES AND REGULATIONS OUTLINED IN THE TEAM'S BYLAWS (AS MAY BE AMENDED BY THE EXECUTIVE BOARD MEMBERS) AND WILL CONDUCT YOURSELF IN SUCH A MANNER AS TO NOT REFLECT UNFAVORLY UPON THE FLOYD COUNTY SEARCH AND RESCUE TEAM.

YOU AGREE THAT ALL ANSWERS GIVEN IN THIS APPLICATION ARE TRUE TO THE BEST OF YOUR KNOWLEDGE. YOU UNDERSTAND THAT THIS IS NOT AN APPLICATION FOR EMPLOYMENT AND IS NOT A CONTRACT OF MEMBERSHIP. ACCEPTANCE IS DEPENDENT UPON A VOTE OF THE CURRENT EXECUTIVE BOARD MEMBERS.



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AUTHORIZATION TO RELEASE INFORMATION

NAME (last) _____ (first) _____ (middle) _____

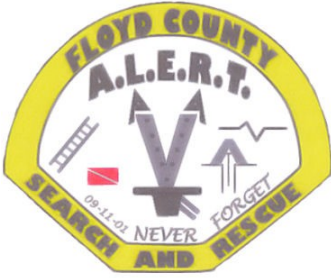
BIRTHDATE: _____ SOCIAL SECURITY NO: _____

TO WHOM IT MAY CONCERN:

AS AN APPLICANT FOR A POSITION WITH FLOYD COUNTY SEARCH AND RESCUE, I AM REQUIRED TO FURNISH INFORMATION TO DETERMINE MY MORAL CHARACTER, HONESTY, DEPENDABILITY AND QUALIFICATIONS. I HEREBY REQUEST AND AUTHORIZE THE DISCLOSURE OF ANY AND ALL RECORDS, FILES, NOTES, OPINIONS OR OTHER INFORMATION YOU MAY HAVE CONCERNING ME, INCLUDING INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE, AND TO A BACK GROUND CHECK BY FLOYD COUNTY SEARCH AND RESCUE EXECUTIVE BOARD. THIS INCLUDES, BUT IS NOT LIMITED TO, THE RELEASE OF EMPLOYMENT FILES; PERSONEL RECORDS; BACKGROUND INVESTIGATION FILES; DISCIPLINARY RECORDS; ANY AND ALL INTERNAL AFFAIRS INVESTIGATIONS; COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME; TRAINING FILES; ADULT AND JUVENILE ARREST; CRIMINAL AND PROBATION RECORDS; DRIVING RECORD; POLYGRAPH AND PSYCHOLOGICAL EXAMINATIONS, OPINIONS, CONCLUSIONS AND EVALUATIONS; MILITARY, FINANCIAL, CREDIT, ACADEMIC OR OTHER RECORDS. THIS ALSO INCLUDES PHOTOCOPIES OF THE ABOVE MATERIAL.

I HEREBY RELEASE YOU, YOUR ORGANIZATION, ALL PERSONS, AGENTS, REPRESENTATIVES, AND OTHERS FROM ANY LIABILITY OR DAMAGE, WHICH MAY RESULT FROM FURNISHING THE ABOVE INFORMATION. A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF; EVEN THOUGH SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE. THIS RELEASE WILL EXPIRE ONE (1) YEAR AFTER THE DATE SIGNED.

SIGNATURE _____ DATE _____



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FLOYD COUNTY SEARCH AND RESCUE MEDICAL WAIVER

I, _____ UNDERSTAND THAT I MUST BE IN SATISFACTORY PHYSICAL CONDITION TO PERFORM THE DUTIES OF THE FLOYD COUNTY SEARCH AND RESCUE TEAM. THESE DUTIES INCLUDE, BUT ARE NOT LIMITED TO, SUCH PHYSICAL ACTIVITES AS WALKING, HIKING, RUNNING, LIFTING, AND WORKING IN EXTREME HOT AND COLD CONDITIONS. BY SIGNING THIS WAIVER I ACKNOWLEDGE THAT I AM IN ADEQUATE PHYSICAL CONDITION AND HAVE NO MEDICAL LIMITATIONS THAT WOULD PROHIBIT MY PARTICIPATION IN THE FLOYD COUNTY SEARCH AND RESCUE TEAM.

SIGNATURE _____ DATE _____



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VOLUNTEER AGREEMENT

I AGREE AND UNDERSTAND THAT ANY DUTIES THAT I PERFORM ON BEHALF OF FLOYD COUNTY SEARCH AND RESCUE WILL BE PROVIDED ON A VOLUNTARY BASIS, AND THAT I DO NOT EXPECT PAYMENT OR OTHER COMPENSATION FOR PERFORMING SUCH WORK.

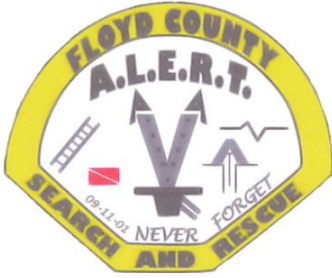
I ACKNOWLEDGE AND EXCEPT THE OBLIGATION TO SERVE THE PUBLIC WHILE MAINTAINING THE HIGHEST ETHICAL STANDARDS IN BOTH PERSONEL AND OFFICAL CONDUCT.

I HAVE READ, AND UNDERSTAND, AND WILL COMPLY WITH THE FLOYD COUNTY SEARCH AND RESCUE'S POLICIES REGARDING THE FOLLOWING AREAS:

CONFIDENTIAL INFORMATION: YOU MAY BE EXPOSED TO SENSITIVE INFORMATION DURING YOUR ASSIGNMENT AS A VOLUNTEER. REMEMBER, OFFICIAL BUSINESS OF THIS TEAM IS CONFIDENTIAL. MEMBERS SHALL DISCUSS OR GIVE OFFICIAL INFORMATION ONLY TO PERSONS FOR WHOM THE INFORMATION IS INTENDED, AS DIRECTED BY A SUPERVISOR OR AS REQUIRED BY LAW.

INJURIES: IF YOU ARE INJURED WHILE PREFORMING DUTIES FOR FLOYD COUNTY SEARCH AND RESCUE, YOU SHALL IMMEDIATELY REPORT YOUR INJURY TO A SUPERVISOR.

SIGNATURE _____ DATE _____



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DISCLOSURE

AS THE APPLICANT, I HEREBY CERTIFY THAT ALL OF THE INFORMATION AND STATEMENTS MADE IN THIS APPLICATION PACKET IS FREELY GIVEN, TRUE, AND COMPLETE. I UNDERSTAND THAT ANY DISCREPANCIES, MISSTATEMENTS, OMISSIONS, AND / OR FALSIFICATIONS WILL BE SUFFICIENT GROUNDS FOR IMMEDIATE DISQUALIFICATION, OR BE CAUSE FOR DISMISSAL AT ANY TIME IF AN APPOINTMENT WAS MADE. I HEREBY AUTHORIZE FLOYD COUNTY SEARCH AND RESCUE EXECUTIVE BOARD MEMBERS TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY MY QUALIFICATIONS FOR THIS TEAM.

SIGNATURE IN FULL _____

DATE _____