



# CHELAN COUNTY VOLUNTEER SEARCH & RESCUE

## VOLUNTEER APPLICATION

Thank you for your interest in volunteering with CCVSAR. There are multiple parts to this application.

When complete you may scan and submit your entire (all 5 steps) application packet online at <http://www.ccv SAR.org/join/> or mail paper copies to: CCVSAR, PO Box 196, Wenatchee, WA 98807.

**We will not begin processing your application until all 5 below steps are turned in.**

**If you have any questions or need assistance please contact us via email ([info@ccvsar.org](mailto:info@ccvsar.org)).**

### APPLICATION STEPS

- Complete and sign the CCVSAR Application (this form)
- Complete and sign the Sheriff's Office Emergency Worker Registration  
<http://www.ccv SAR.org/download/application/Emergency-Worker-Registration.pdf>
- Take ICS 100 and print certificate of completion  
<https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>
- Take ICS 700 and print certificate of completion  
<https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>
- Provide copy of First Aid & CPR certification

### MINIMUM REQUIREMENTS

- 18 years of age and older
- Clear, unrestricted driver's license (may be waived for ESAR & Adcom position)
- Successful completion of IC 100 and IC 700
- Successful completion of First Aid/CPR
- Satisfactory Background and Criminal History Check by our served agencies.

## Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Gender:  Male  Female Birth-date: \_\_\_\_\_

## Current Employment

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Your Skills and Interests

1. Have you ever done any Search & Rescue work before? Yes  No

If you answered yes, please tell us a little about your experience & training.

2. Please list any relevant certifications or licenses (radio operator, EMT, etc...).

Please include licensing authority, original date of issue, and date of expiration.

3. Do you have any particular skills or qualities that you could use in our Search & Rescue group?

List any specialized machinery or equipment that you can operate (e.g., 4x4, snowmobile), or talent (computer programmer, electrician, locksmith, mechanic, etc.)

4. Why do you want to volunteer now? What has motivated you to get in touch with us?

5. What kind of voluntary work interests you?

- Field Search & Rescue
- Base Support
- Fundraising & Grants
- Equipment Maintenance
- Website & Application Development
- Training
- Administration

**6. Which of our Units are you interested in?**

- Ground
- Administration & Communications (AdComm)
- Canine
- ORV (Motorcycle / ATV / Snowmobile)

**7. In general when are you available for voluntary work?  Totally Flexible**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**8. How did you hear about us?**

- Information / Outreach meeting / PR Event
- CCVSAR Website
- CCVSAR Facebook
- Media: Radio / Television / Newspaper
- Word of Mouth
- Leaflet / Poster
- Other \_\_\_\_\_

**9. Are you fluent in any foreign language? Yes  No**

If you answered yes, please indicate the language and your degree of fluency (excellent, good, or fair) in each area:

**10. Anything else you want to tell us about yourself to assist in processing your application?**

## References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contact

If you are involved with us as a volunteer and an emergency arises, whom should we contact? Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

## Waiver and Authorization to Release Information

I understand that by signing this application, I will be required to commit time to this program, as well as to achieve and maintain the training certification level for my role in the organization.

I am giving authorization to the Chelan County Volunteer Search & Rescue to make inquiries into my background, employment history, school record, military history, driving records, and general reputation.

I understand that Certification as an Emergency Worker by our served agencies is required to be a member of CCVSAR.

I hereby certify that the entries made by me on this application are true, complete, and correct to the best of my knowledge and belief. Further, I hereby release you, your organization or others from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications as a volunteer within Chelan County Volunteer Search & Rescue.

Upon acceptance as a member I authorize CCVSAR to use the email address and cell phone provided for general club communication and mission notification.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### For office use only DEM: \_\_\_\_\_

Forms received :  Application  EM Registration  ICS 100  ICS 700

First-aid/CPR Volunteer Interview \_\_\_\_/\_\_\_\_/\_\_\_\_

References checked \_\_\_\_/\_\_\_\_/\_\_\_\_

DEM Registration: Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

Received \_\_\_\_/\_\_\_\_/\_\_\_\_  Approved  Rejected

Orientation Completed on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_