

**2016 SAR Academy Application
Oswego County Pioneer Search and Rescue Team, Inc.**

(Please print legibly)

Date: _____

Name: _____

Date of Birth: _____

Address: _____

SSN: _____

City: _____ State: ___ Zip: _____

Driver's License: _____

E-mail address: _____

Phone Numbers:

Home: _____ Work: _____ Cellular: _____ Provider: _____

Employed by: _____ Position: _____

In case of emergency contact:

Name: _____

Telephone: _____

Relationship: _____

Education Level

High School ___

College: ___ 2 yr ___ 4 yr ___ Postgraduate

Degree(s) obtained: _____

List all organizations you are, or have been, a member of:

Organization	Position(s)	Years	Still Active?	Reason Left?
		-	_Y_N	
		-	_Y_N	
		-	_Y_N	

Applicant Name: _____

1. Why do you want to become a member of the county Search and Rescue Team?

2. Special skills, training, interests that you have that are applicable to SAR and/or a volunteer agency?

3. Are you a certified EMT, Basic First Aid, and/or CPR? If so, list certifications, dates, expiration dates, and EMS provider number if you have one. (Attach copies of cards, certificates)

4. Do you have any restrictions that might/will affect your participation in our organization? (Family, work, transport, medical):

5. Have you ever been fired or had your membership suspended/revoked from any other organizations or employment? If so, please explain. _____

6. Have you ever been convicted of a criminal offense? If yes, please explain: _____

7. Please provide the following information for two (2) people who can attest to your qualifications and interest as a member of this group. Reference forms are attached- Please mail or give them to those listed below and have them mailed back to OCSAR.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Applicant Name: _____

Please be sure that all of the information on this application is accurate and truthful. Any answer that is falsified may result in denial of your application or your expulsion from OCSAR even if membership is granted.

Please be sure to submit your two reference forms to the persons you have chosen. Ask them to return the forms to OCSAR in a timely fashion.

You will be contacted for an interview once we receive your application, reference forms, and any other necessary paperwork.

By signing this application, I hereby agree that the information provided is complete and accurate. I certify that I have no medical problems that would prevent me from performing strenuous activities and that I am not currently being treated, or medicated, for any medical problems other than those that I have disclosed above. I further understand that by providing this information, I authorize OCSAR to perform any and all background investigations necessary to process and evaluate this application.

(Signature) _____

Date _____

For the purpose of the SAR Academy, please mail this application to:

Oswego County Pioneer SAR Team
PO Box 229
Parish, NY 13131-0229



Oswego County Pioneer Search and Rescue Team, Inc
PO Box 229
Parish, NY 13131

Membership Application
Reference Form

_____ has applied for membership in our organization and has given your name as a reference. You are being asked to complete and return this form to the following address:

OCSAR
PO Box 229
Parish, NY 13131

How long have you known the applicant? _____

In what capacity do you know the applicant? Personal Business

Do you feel that the applicant would be a responsible person to be involved in the community services that our organization provides? Yes No

Please explain why you feel this way. _____

How would you rate this applicant's:

	Excellent	Good	Average	Poor		Excellent	Good	Average	Poor
Trustworthiness					Judgement				
General Intelligence					Self-Confidence				
Emotional Stability					Leadership				
Ability to work with others					Neatness				
Initiative									

Signature _____

Date: _____

Name (printed) _____

Address _____, _____, _____, _____

Thank you for your time and assistance.

You may be contacted by a member of our committee if additional information is needed.



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PO Box 229
Parish, NY 13131

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General Intelligence					Self-Confidence				
Emotional Stability					Leadership				
Ability to work with others					Neatness				
Initiative									

Signature _____

Date: _____

Name (printed) _____

Address _____, _____, _____, _____

Thank you for your time and assistance.

You may be contacted by a member of our committee if additional information is needed.