

TOOELE COUNTY SHERIFF'S OFFICE

PAUL J. WIMMER, SHERIFF

1960 South Main St. Tooele, Utah 84074 Phone (435) 882-5600

SEARCH AND RESCUE VOLUNTEER APPLICATION

www.tooelesar.com

Contact Information

Name _____

Address _____ City _____

Phone # H _____ W _____ C _____

Email Address _____

Social Security Number _____ Date of Birth _____

Employment /Status

Current Employer _____ Hire Date _____

Employer Address _____

Past Employer _____ Length of Employment _____

Military Service? YES / NO Years of Service: _____ Type of Discharge: _____

What is your availability? _____

Equipment/Special Skills

Do you own a four wheel drive vehicle? YES / NO

Do you own any special equipment that you could use for Search and Rescue?

(i.e. motorcycle, snowmobile, boat, ATV, airplane, climbing gear, scuba gear, etc.)

List special skills/training you have that would be an asset to Search & Rescue: (i.e. medical, climbing, K-9 handling, confined space, swift water rescue, scuba diving etc...)

Do you feel that you are in good physical condition? YES / NO

Explain why you would like to be a volunteer of the Tooele County Search and Rescue Team:

History

Have you ever been convicted of a Felony? YES / NO

Drunk Driving? YES / NO

To what extend do you use alcohol? _____ Drugs? _____

Have you ever been convicted of an offense other than a minor traffic violation? YES / NO

If Yes, please explain: _____

References

List three references to whom you are not related to:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Sponsoring members: (Print and Sign)

1. _____
2. _____

Agreement and Signature

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

If approved:

- I will obey and uphold all of the bylaws of the Tooele County Search and Rescue to the best of my ability.
- I will be responsible for any issued items such as identification cards, pager, GPS, back pack, badge, radio, etc. I understand that all such issued items are the property of the Tooele County Search and Rescue, whether purchased by me or issued to me and I agree to return them upon leaving.

I understand that, if approved:

- Any false or misleading information given in my application may result in removal from Search and Rescue.
- I will not be an employee of Tooele County Search and Rescue, but rather, an unpaid volunteer.
- I may be asked to voluntarily submit to a drug test, if I refuse it will automatically disqualify me.

Volunteer Applicant Signature: _____ Date: _____

Authorization for Release of Information

I, _____, have made application for a position with the Tooele County Sheriff's Office, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. It is further my understanding that any history adversely reflecting on my qualification for membership by any lawful investigation may be cause for any disqualification for appointment or my dismissal upon due consideration of the facts by the Tooele County Sheriff's Office or the Tooele County Sheriff's Office.

I hereby give to Tooele County Sheriff's Office, or a duly authorized representative of the Tooele County Sheriff's Office, the authority to conduct any comprehensive investigation of my background the Tooele County Sheriff's Office deems necessary, including, but not necessarily limited to, oral discussions with any persons concerning my background. Also, generally, I hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any authorized representative of the Tooele County Sheriff's Office, whether said records are public or private, including those which may be deemed to be controlled, private, or protected information. In particular, I hereby authorize the full and complete disclosure of any and all records pertaining to background, including, but not necessarily limited to, the records of educational institutions, finance or credit institutions, commercial or retail mercantile establishments and public utility companies, records of medical, dental, and psychiatric consultations, conditions, evaluations, and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veterans Administration and all military service medical records and other records of all military facilities, employment and pre-employment records, including background investigation reports, efficiency ratings, disciplinary records, complaints or

grievances filed by or against me, records and recollections of attorneys at law who have represented me in any case in which I have had an interest.

I hereby appoint an authorized representative designated by the Tooele County Sheriff's Office as an authorized agent for me for the purpose of inspecting any arrest records information maintained by any law enforcement agency concerning me.

To the custodian of the records discussed herein, I direct you to release such information and records to the bearer of the Authorization for Release of Information or a copy thereof. A copy of this release form will be valid as an original hereof, even though that copy does not contain an original writing of any signature.

I hereby release the custodian or custodians of such records and the Tooele County Sheriff's Office and the County of Tooele, and the State of Utah, including any of their agents, employees, or representatives in any capacity, from any and all claims of liability or damage of whichever kind or nature which any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of compliance by said custodian or said custodian or custodians with this Authorization of Release of Information and my request contained herein for this release or because of any use of these records by the Tooele County Sheriff's Office, or the County of Tooele or the State of Utah. This release is binding, now and in the future, on me, my heirs, the Tooele County Sheriff's Office, assigns, associates, personal representative or representatives of any nature.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

Applicant's Signature

____/____/____
Date

Subscribed and Sworn to Before Me, this _____ day of _____, 20____.

Notary Public Signature

____/____/____
Commission Expiration Date

LEAVE BLANK BELOW FOR OFFICIAL USE ONLY

Date Received: ____/____/____

Background Investigation Completed: __ _/____/____

Sheriff's Approval: _____