



CUSTER COUNTY SEARCH & RESCUE

CUSTER COUNTY SHERIFF'S OFFICE

Mar 2007

APPLICATION FOR MEMBERSHIP

Name _____ Social Security # _____
Address _____ Date of Birth _____
City _____ Driver's License # _____
State _____ Zip _____ Driver's License State _____
Home Phone # _____ License Expiration date _____
Work Phone # _____ Pager # _____
Cell Phone # _____ Email _____
Emergency contact # _____ Name/relationship to applicant _____

Have you ever been convicted of a felony? yes no

Do you have an active Restraining Order against you? yes no

Personal Equipment

1. Vehicle(s) _____
2. Climbing gear _____
3. GPS _____
4. ATV _____
5. Snow Mobile/ Snow shoes _____

Medical Information

Any allergies? If yes, describe _____

Currently taking medication? If yes, describe _____

Any limiting conditions? If yes, describe _____

Skills/Training (i.e. First Aid, Mountain Climbing, etc.) _____

Special Qualifications _____

As an applicant to the *Custer County Search & Rescue*, I authorize the Custer County Sheriff's Department to conduct a personal background check. Falsification of application information is grounds for dismissal.

SIGNATURE _____

DATE _____

Sheriff's Department Comments: _____

Approved by _____ Date _____

CUSTER COUNTY SEARCH & RESCUE P.O. BOX 1092 WESTCLIFFE, CO 81252