



NAPA COUNTY SHERIFF'S SEARCH AND RESCUE

MEMBERSHIP APPLICATION

NAME _____ DATE _____ D.O.B. _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK _____ PAGER _____

EMAIL ADDRESS: _____

SCHOOL OR PLACE OF EMPLOYMENT _____

WHO TO NOTIFY IN AN EMERGENCY _____

ADDRESS _____ CITY _____

HOME PHONE _____ WORK _____ OTHER _____

PERSONAL INFORMATION

HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

BUILD _____ COMPLEXION _____ GLASSES/CONTACTS _____

SMOKER _____ BLOOD TYPE _____

REMARKS OR OTHER INFORMATION

MEDICAL INFORMATION

MEDICAL PLAN/COMPANY _____

INSURANCE NUMBER _____

IMPORTANT MEDICAL HISTORY

ALLERGIES _____

MEDICATIONS _____

RATE YOUR PHYSICAL HEALTH _____

ANY LIMITATIONS THAT MAY PROHIBIT FIELD OPERATIONS

TRAINING AND EXPERIENCE

LIST PRVIOUS MEDICAL, OUTDOOR OR SEARCH AND RESCUE TRAINING AND EXPERIENCE

CERTIFICATES _____ DATE _____

COURSE _____ DATE _____

OTHER INFORMATION _____

BACKGROUND INFORMATION

VEHICAL MAKE _____ TYPE _____ LICENSE NO. _____

DRIVERS LICENSE NUMBER _____ EXP. DATE _____

INSURANCE CO. _____ POLICY NO. _____

COVERAGE LIMITS _____ EXP. DATE _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST SEVEN YEARS.
(YOU MAY OMIT MINOR TRAFFIC VIOLATIONS, BUT YOU MAY BE ASKED
TO DISCUSS ANY OTHER CONVICTIONS) _____

LIST LAST TWO EMPLOYERS

COMPANY _____

SUPERVISOR _____ PHONE _____

COMPANY _____

SUPERVISOR _____ PHONE _____

LIST THREE PERSONAL REFERNCES (NOT IMMEDIATE FAMILY OR GUARDIAN)

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

IF IN SCHOOL, LIST COUNSELOR OR SCHOOL CONTACT PERSON

NAME _____ PHONE _____

After completing application, please mail to the following address:

NAPA COUNTY SHERIFF'S DEPARTMENT

ATTN: Search and Rescue Team

1535 Airport Blvd

Napa, CA 94558

707-253-4451

sheriff@co.napa.ca.us

PLEASE SEND A CONFIRMING EMAIL TO: postmaster@napasar.org AFTER
MAILING YOUR APPLICATION SO WE CAN TRACK IT.