

**Monterey County Sheriff's Advisory Council**  
**SEARCH & RESCUE**

APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Drivers License# \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

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

Special talents, resources available (i.e. acting as M/C, special event coordinator, public speaking, public relations, administrative support assistance, computer equipment available, musician, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a law enforcement officer? \_\_\_\_\_

Are you now or have you ever been an honorary law enforcement officer? \_\_\_\_\_

If yes, give details. \_\_\_\_\_

If accepted into this Association, I agree to abide by its bylaws and further state that I have not been convicted of a felony, serious crime, or a crime of moral turpitude. The information furnished is true and correct, and if any information is given knowing that it is false, it is grounds for immediate dismissal.

\_\_\_\_\_  
Signature

\*\*\*\*\*

(Association Use Only)

Approved by Sheriff: Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Association Board of Directors: Yes: \_\_\_ No \_\_\_\_\_:

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Credentials Given: I.D. Card \_\_\_\_\_ Date Issued: \_\_\_\_\_



**DIRECTORS:**

SHERIFF  
STEVE BERNAL  
**CHAIRMAN**

STEVE HERSHEY  
**COMMANDER**

ALAIN CLAUDEL  
**VICE COMMANDER**  
**SECRETARY**

NADENE TORRES  
**TREASURER**

ANNE CANRIGHT

BEN BROWN



**"SO OTHERS MAY LIVE"**

501(C) (3)  
77-0118273

MONTEREY COUNTY  
SHERIFF'S ADVISORY  
COUNCIL  
SEARCH & RESCUE

1414 NATIVIDAD RD.  
SALINAS, CA 93906

(Not printed at taxpayer expense)

**MARITAL STATUS**

\_\_\_\_\_ Single  
\_\_\_\_\_ Married  
\_\_\_\_\_ Widowed  
\_\_\_\_\_ Divorced

**SEX**

\_\_\_ Male  
\_\_\_ Female

**FITNESS**

Any Physical Problems? Yes \_\_\_ No \_\_\_  
Describe defect(s)

\_\_\_\_\_  
\_\_\_\_\_

**POLICE RECORD** (except traffic violations, list all arrests for investigation by a law enforcement agency or military service):

Year	Charge	Agency	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INSURANCE** (list all insurance policies carried by you or you spouse):

Type	Name of Firm	Coverage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LICENSE AND CERTIFICATES:**

	Expiration Date:
California Drivers License # _____	_____
Pilot License # _____	_____
EMT _____	_____
_____	_____
_____	_____

Special abilities, training and experience, club memberships, etc.: Ski Patrol, Four-Wheel Drive Club, Climbers, Tracking, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all statements made in this application or in any of the attachments, are true and complete to the best of my knowledge and belief; and I understand that any deliberate mis-statements or concealment of material facts may subject me to disqualification or dismissal from the Monterey County Sheriff's SAR Team.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

SSN: \_\_\_\_\_

**Please Include:**

1) A **brief resume** about yourself, your qualifications, if any, and why you would like to be a member of this team.  
(can be hand written)

2) Take **page 4** to your employer (if not self employed) Have them fill out and return to address below. We need to know how they will support your participation on call outs. This would not be every call but we need to know that if the situation warrants the need for personnel you will be available. You may also be out on an extended call that would overlap with work hours. This letter is important!

**Mail pages 1 , 2 & 5 and above items to:**

**Monterey County Sheriff's Advisory Council  
Search & Rescue  
1414 Natividad Rd.  
Salinas, CA 93906  
Attn: Deputy Jesse Villasenor**

**In a separate envelope:**

3) Obtain a **letter from your doctor** stating that you are physically capable of participating in the rigorous work that this team does. This letter is in strict confidentiality between your doctor and the Sheriff's Office and will not be available to this team.

**Send to Deputy Jesse Villasenor (Confidential) at above address**

4) The **Disaster Service Worker Registration** form will be filled out at time of swear in after acceptance to team.

**At time of review:**

You will be asked to sign a wavier for the Sheriff's Office to do a thorough background check.

You will be notified to appear in front of the SAR Team Board of Directors and Sheriff's Office Team Supervisor for an informal interview. Thank you for your interest.

TO: The employer of \_\_\_\_\_

FROM: Monterey County Sheriff's Advisory Council Search and Rescue  
1414 Natividad Rd.  
Salinas, CA 93906

SUBJECT: VOLUNTEERISM TO SEARCH AND RESCUE.

Your employee as listed above. has applied to become a volunteer with the Monterey County Sheriffs Search and Rescue Team. This worthwhile activity involves strenuous training and participation in rope rescue for over the cliff work, confined space training, as well as First Responder and cardio-pulmonary training.

Interested Individuals are requested to discuss with their immediate supervisor as well as department head and to obtain their consent in order to participate.

It must be known that volunteers are on call 24 hours per day and seven days a week to rescue stranded and; or injured individuals as well as search for lost individuals in Monterey County as well as with counties that we have a mutual assistance agreement with.

Volunteers MUST be able to respond to call-outs on a 20 minute time limit regardless of the time of day or work involvement.

We would appreciate your filling out the form below and having it returned to our office for evaluation.

Thank you  
The Board of Directors  
Monterey County Sheriff's SAR Volunteers

I understand the circumstances as described above and can/cannot grant \_\_\_\_\_ permission to become a member.

If permitted to join we WILL/will NOT dock his/her pay/salary for his/her participation with Search and Rescue.

_____	_____	_____	_____
Immediate supervisor	Date	Department head	Date
Telephone _____	Organization _____		

Business Name: \_\_\_\_\_

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

Comments (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Applicant Information Sheet

*Please Print Clearly*

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Business: \_\_\_\_\_

Mobile (also indicate service provider): \_\_\_\_\_

Pager: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

SS#: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

\_\_\_\_\_

Size:

Pants: \_\_\_\_\_  
          Waist           Length

Shirt: \_\_\_\_\_