



YAKIMA COUNTY SHERIFF'S OFFICE

Brian Winter, Sheriff

P.O. Box 1388 Yakima, Washington 98907
Toll Free: 1-800-572-0490

TELEPHONE: (509) 574-2500

Search and Rescue Program Application

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Names you have gone by: _____

E-Mail Address: _____

Drivers License #: _____ SSN: _____

Home Phone: _____ Work Phone: _____

Cell Phone : _____ Other Phone: _____

Physical Description:

Date of Birth: _____ Eye Color: _____ Hair Color: _____

Sex: _____ Height: _____ Weight: _____

Background Information:

Any driving restrictions?: _____

Any driving endorsements?: _____

Have you ever been convicted of a felony?: _____

Do you have any physical or medical limitations?: _____

This will not preclude you from participating on SAR missions

Describe your availability to respond to Search and Rescue missions at odd hours: _____

Training and Experience:

Explain any Search and Rescue related training or experience. Please provide documentation if available.:

Please list any specialized training or experience. Include any experience in the medical field, military, Forest Service, Emergency Services, Climbing, extended hiking, etc.: _____

Please list any equipment (4x4, snowmobile, etc.) or talent (computer programmer, electrician, locksmith, mechanic, etc.) that you have and are willing to assist the Search and Rescue Program with.: _____

Please understand, by signing this application the Yakima County Sheriff's Office will be making inquiries into your background, criminal history, and driving records.

I certify that to the best of my knowledge the above information is true and correct.

Signed: _____ Date: _____

Please sign, date and return this application to the Sheriff's Office at 1822 South First Street or mail to P.O. Box 1388 Yakima, WA 98907.

For Official Use Only:

Spillman Information: _____ Name Number: _____

NCIC III/WASIC : _____

Drivers Check : _____

Abstract of Driving Record: _____