



# YAKIMA COUNTY SHERIFF'S OFFICE

Robert Udell, 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: \_\_\_\_\_