

(Appendix A)
Summit to Sound Search and Rescue:
Membership Application

This is an application for membership in Summit to Sound Search and Rescue, a private not for profit organization whose mission is to provide professional level search and rescue services through the Whatcom County Sheriff's Office. To achieve this goal, we:

- Train to provide professional level search and rescue service
- Educate to maximize safety of individuals participating in outdoor activities
- Respond to complement other county and state rescue services

Name: (Last) _____ (First) _____ (MI) _____

If you have a current Emergency Worker Card issued by Whatcom County, what is the card number _____ and expiration date: __/ __/____; if not, please complete the DEM card application.

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Driver's License Number _____

Phone Numbers:

Type = (home, cell, work, page, other):

1: (____) _____ - _____ type: _____

2: (____) _____ - _____ type: _____

3: (____) _____ - _____ type: _____

4: (____) _____ - _____ type: _____

Email address(s) where you want to receive electronic correspondence.

(1) _____

(2) _____

Areas of Interest (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Ground SAR (Search on foot) | <input type="checkbox"/> Communications (Run radio/keep log) |
| <input type="checkbox"/> Search Dog Handling (Search with dog) | <input type="checkbox"/> Logistics Section (Supply a SAR) |
| <input type="checkbox"/> ATVs (Search/transport by ATV) | <input type="checkbox"/> Finance/Administration (Keep records) |
| <input type="checkbox"/> EMS (State EMT certified) | <input type="checkbox"/> Information Officer (Talk/write to media) |
| <input type="checkbox"/> Equine (Search by Horseback) | <input type="checkbox"/> Operations Section (Manage a mission) |
| <input type="checkbox"/> Swiftwater (Search/recover in water) | <input type="checkbox"/> Other: _____ |

Please provide a letter detailing why you would like to join the organization and how you think you could contribute to the organization's mission.

Include a copy of your current State Driver's License and a copy of your current Proof of Insurance.

FOR OFFICIAL USE ONLY	
<p style="text-align: center;">Board of Directors</p> <p>Decision: _____</p> <p>Date: __/__/____ Chair: _____</p> <p style="text-align: center;">DEM Office</p> <p>Background check completed: __/__/____</p> <p>Emergency Worker Card #: _____</p>	<p style="text-align: center;">Administration Section</p> <p>Date Record Created: __/__/____</p> <p>Date included on roster: __/__/____</p> <p>By-laws/Policies reviewed: __/__/____</p> <p>Pack check: __/__/____</p> <p>Date probation ended: __/__/____</p> <p>Date added to WhatcomES.org __/__/____</p>