CARROLL COUNTY SEARCH AND RESCUE APPLIATION FOR MEMBERSHIP

Name:		
First	Middle	Last
Address:		
Street/Apt.		
City or Town	State	Zip Code
Phone		
Home	Work	Cell
Date of Birth:	SSN:	
(Optional)	or (FRN	Number Optional on Application)
Age Sex	Height:	Weight
(Optional) Eye Color Hair		
Lyc Coloi Hall	Coloi	
Name of person living in your ho	ousehold that we could lea	ave a message with if you are not available
Place of Employment/ Shift you	work:	
1 st 2 nd	3 rd	
If we have a search can we conta	ct you at work? Yes	No
Name and Phone number of rela	tive not living with you:	
		ohibit you from extensive walking? Yes
No Explain below	w Example: Heart Cond	lition etc
What type of equipment/training	g do you have that would	help during a search?
Are you a member of any other of	organization such as fire	department, rescue squad, sheriff's department
etc?	riganization such as me	acparament, rescue squau, sucriti s ucparament

Page Two		
offenses committed before you eigh	nteenth birthday that	ing moving traffic violations but excluding t were firally adjudicated in a Juvenile Court orNo. If yes list all and explain.
If you have any other type of inforbelow.	mation that would b	e useful to the search and rescue team, please list
CERTIFICATION:		
and understand that any falsificati forfeiture on my part to any memb	ion of information he pership in the Carrol	d attachments are true and complete, and I agree erein, regardless of time of discovery, may cause I County Search and Rescue. I understand that a n and I consent to a background check regarding
Date: Applicant'	s Signature	
The Source of this application is an	n online copy.	