



Mendocino County Sheriff's Search and Rescue

A non-profit, tax-exempt corporation, 501(c)(3), in affiliation with the Mendocino County Sheriff's Office)

IF YOU NEED OUR HELP, CALL 9-1-1

Inland Operations

Sheriff's Training Center
951 Low Gap Road
Ukiah, CA 95482

Northern Operations

Sheriff's Substation
125 Commercial Street
Willits, CA 95490

Coastal Operations

Sheriff's Substation
700 S. Franklin Street
Fort Bragg, CA 95437

<http://www.mendocinosar.org> or Email: webmaster@mendocinosar.org

About SAR...

Each year Mendocino County Sheriff's Search and Rescue receives numerous inquiries from men and women interested in joining us, but wish to know more about the organization. Here is a brief run-down of what we do, and what is required of our members.

Search and Rescue (SAR) is an unpaid, all-volunteer, non-profit corporation that currently has members throughout Mendocino County, California. Our mission is summed up by our name; we perform SEARCH and RESCUE operations whenever and wherever we are called upon to do so, by the Mendocino County Sheriff's Office.

We draw all of our resources from our local community of volunteers who gain the skills required, and have the determination needed to make a difference. SAR meets once a month on the fourth Wednesday in Ukiah, and the first Tuesday in Fort Bragg, both at 7:00 p.m. Our meetings are open to the public, so stop on by!

SAR operations are involved in many areas such as: Horse Posse, Four-wheel Drive, ATV, Boat Patrol, Air Squadron, Underwater Search and Recovery, and Special Forces. As a SAR member, you will be assigned to one of these areas according to your particular interests or skills.

Eligibility for Membership

Any person who is a United States citizen, has not been convicted of a felony, and is 14 years or older, is eligible for membership.

Member Requirements

All SAR members must obtain and keep valid First Aid and CPR cards. Throughout the year there are regular training sessions on these and other diverse subjects such as tracking, map and compass, rappelling, and swift-water rescue. In the spring of each year there is also a week long training event for all members. There are no dues or fees for members at this time. All members are covered by insurance when called out on SAR operations, and are recompensed for all out-of-pocket expenses.

Apart from attending the meetings and training sessions, all members may be called upon to participate in a search, the most common call-out for members. Searches are often done in rugged terrain at all hours of the day or night, and in any weather. Although your specialties may lie in a particular area, you can expect to be called upon to join a search on foot if necessary.

Right Stuff...

Being a member of SAR demands a certain amount of your time, and can be rigorous, but also rewarding. Please consider carefully if you are prepared to commit yourself to all of these requirements before seeking to join. The strength of SAR comes from its members, and having the "Right Stuff" when, and where it's needed.

Of course there are also plenty of support and administrative things to do behind the scenes, so if you are less inclined to climb a rope or a mountain, we can find a place in our organization for you too!

**MENDOCINO COUNTY SHERIFF'S SEARCH AND RESCUE
APPLICATION**

Please indicate your areas of interest in search and rescue:

AIR SQUADRON	4-WD / ATV	MOUNTED POSSE	SPECIAL FORCES
<input type="checkbox"/> Pilot – Hrs Exp:	<input type="checkbox"/> Driver – Yrs Exp:	<input type="checkbox"/> Rider – Yrs Exp:	<input type="checkbox"/> Tracker
<input type="checkbox"/> Observer	<input type="checkbox"/> Assistant	<input type="checkbox"/> Assistant	<input type="checkbox"/> Foot Searcher
DIVE – SEARCH & RECOVERY	BOATING	HAM RADIO	MYSAR
<input type="checkbox"/> SCUBA – Yrs Cert:	<input type="checkbox"/> Captain	<input type="checkbox"/> License No.:	<input type="checkbox"/> Adult Leader
<input type="checkbox"/> Tender	<input type="checkbox"/> Crew Member	Expiration Date:	<input type="checkbox"/> Youth Member
K-9	TECHNICAL RESCUE	SAFETY - TRAINING	ADMINISTRATION
<input type="checkbox"/> Trainer	<input type="checkbox"/> Climber / Rappel	<input type="checkbox"/> Instructor CPR, First Aid	<input type="checkbox"/> Webpage, Clerical
<input type="checkbox"/> Owner	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other Support

PERSONAL

The following information is requested of you for verification and contact purposes:

1. Your Name (Please print or type)			
Last		First	
Middle			
Other names (including nicknames) you have used or been known by:			
2. Please list the physical address at which you can be contacted. (Not P.O. Box)			
No. Street:	Apt. No.:	City	State Zip Code
3. Please list the local telephone number(s) at which you can be contacted.		() _____ Hrs. you can be contacted:	() _____ Hrs. you can be contacted:
Cell Phone:		EMAIL:	
4. Birthday		5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?	
(Month)	(Day)	(Year)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Social Security No. - - (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)			
7. For the purposes of identification, please provide the following:			
Height:	Weight:	Hair Color:	Eye Color:
Scars, tattoos, or other distinguishing marks:			

You **must** list the arrest and/or conviction if you have received a release (per Section 1203.4 or 1203.4a of the Penal Code or Welfare and Institutions Code Section 1179 or 1772) or a pardon (per Section 4852.16 of the Penal Code). However, you **need not** list an arrest and/or conviction when the record of such an incident has been sealed in accordance with Penal Code Section 1203.45, 851.7, or 851.8, nor if your record has been expunged or is expugnable pursuant to Health and Safety Code Section 11361.5, or the conviction was under Health and Safety Code Section 11557 or its successor 11366 when that conviction was stipulated or designated to be a lesser included offense of the offense of possession of marijuana. You **need not** list an arrest if you successfully completed a diversion program which was based upon the arrest.

I have read and understand all of the above: (Initial) _____

LEGAL

If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: *(The successful completion of a diversion program which was based upon an arrest, or the fact that your record may have been affected by sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the cover page for details.)*

Approximate Date	Law Enforcement Agency	Circumstances

Have you ever been placed on court probation as an adult?

No Yes - Give details (Date, agency, circumstances)

Approximate Date	Court	Circumstances

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? No

Yes - Give details (Date, agency, circumstances)

Approximate Date	Juvenile Court	Circumstances

Have you ever been reported to a law enforcement agency as a missing person or runaway?

No Yes - Give details (date, law enforcement agency, circumstances).

Approximate Date	Law Enforcement Agency	Circumstances

MOTOR VEHICLE OPERATION

California Driver's License Number:		Expiration Date:	
Name under which license was granted:			
Have you ever been refused a driver's license by any state? <input type="checkbox"/> No <input type="checkbox"/> Yes - Give details			
California law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicles.			
Company	Address	Policy Number	Date of Expiration
If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate. <input type="checkbox"/> Bond <input type="checkbox"/> \$35,000			

I hereby certify that all statements made are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Please return completed application to: Mendocino County Sheriff's Office Search & Rescue, 951 Low Gap Road, Ukiah Ca. 95482

SIGNED:

APPLICANT:	DATE:
SAR COMMANDER:	DATE:
PARENT/GUARDIAN:	DATE:

If applicant is under 18 years of age, Parent or Guardian must sign authorizing juvenile's participation.

DISASTER SERVICE WORKER (DSW) REGISTRATION

LOCAL AND STATE INFORMATION



Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

ATTACH PHOTOGRAPH HERE	<p><i>This block to be completed ONLY by government agency or jurisdiction</i></p> <p>CLASSIFICATION: _____ SPECIALTY: _____</p> <p>AGENCY OR JURISDICTION: _____</p> <p>REGISTRATION DATE: _____ RENEWAL DATES: _____</p> <p>EXPIRATION DATE: * _____ DSW CARD ISSUED: NO YES #: _____</p> <p>PROCESSED BY: _____ DATE: _____ TO CENTRAL FILES: _____</p>
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TYPE OR PRINT IN INK

(HIGHLIGHTED AREAS REQUIRED BY PROGRAM REGULATIONS)

NAME: LAST			FIRST	MI	SSN:	
ADDRESS:			CITY:		STATE	ZIP:
COUNTY:			HOME PHONE:		WORK PHONE:	
PAGER:			E-MAIL:		DATE OF BIRTH: (optional)	
DRIVER LICENSE NUMBER: (if applicable)			DRIVER LICENSE CLASSIFICATION: A B C		LICENSE EXPIRATION DATE:	
PROFESSIONAL LICENSE: (if applicable)			OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT:					EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)	
COMMENTS:						

Government Code §3108-§3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3 102)	
I, _____, do solemnly swear (or affirm) that I will support and defend the	
Please Print	
Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.	
DATE	_____
<u>SIGNATURE</u>	_____
	IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH	TITLE

*Registration for the active DSW volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is set at the discretion of the accredited Disaster Council but not to exceed one year. (Govt. Code §3102)

Dear MYSAR Parent(s),

Mendocino Youth Search & Rescue (MYSAR) will provide your child with the opportunity to work along side and interact with the regular adult members of the Mendocino County Sheriff's Search and Rescue Unit during regular activities.

In MYSAR your child will have exposure to critical incidents involving lost persons, deceased persons and located physical remains of persons. Not that it is very common, but exposure to these incidences does occur and can be disturbing to some. It is our intent that the exposure to theses incidences is as limited as possible, but they will and can occur at a moments notice. Your child will also be involved with numerous different tasks during a search or training, which could include the following; flying, boating, ATV, hiking, rappelling, 4X4 operations, and horse back riding.

Throughout the year there are regular training sessions in such diverse subjects as tracking, map and compass, rappelling, swift water rescue, first aid & CPR and related fields. Apart from attending the meetings and training sessions, all members could be called upon to participate in a search. Searches are often done in rugged terrain at all hours of the day and night, and in all types of weather. Searching is physically and physiologically demanding and one must be in shape to effectively participate.

Search and Rescue will do everything possible to assure your child's safety during a search and or training. We will further attempt whenever possible to limit their exposure to critical incidents involving deceased persons.

Therefore it is my intent to notify you, the parent, that you have the absolute right to prohibit your child from participating in our activities in Search and Rescue.

Parental permission is needed for ALL activities for MYSAR members. Please fill out the form below and return to Sgt. Kevin Cotroneo at the Mendocino County Sheriff's Office.

Yes, my son or daughter _____ has my permission to be involved with all activities for Mendocino Youth Search & Rescue as being conducted through Mendocino County Sheriff's Office Search and Rescue.

Signed: _____ Date: _____

Print Name: _____ Phone#: _____

MYSAR REQUIREMENTS

1. Attendance:

Attend 80-85% of all SAR meetings; trainings and other SAR related events. Fun activities are also included in this but may be used negatively if a youth shows up to more fun activities than meetings or trainings. There are excused absences for meetings and trainings such as school, work and family activities.

2. Uniforms:

- A. Appearance – is the uniform neat and clean, or does it look as if the person slept in it?
Completeness – has the person made an effort to obtain all parts of the uniform?
- B. Continuity – does the person try to make the uniform look good? If he/she only owns a shirt, do they make an effort to make it look good, or do they wear old soiled pants with the uniform shirt?

3. Attitude:

- A. Personal conduct and attitude – does the youth conduct him/her self, while in uniform, in a mature and professional manner? This goes for meetings, trainings and any public place where MYSAR is in the public eye.
- B. Professional conduct and attitude – does the youth perform in a professional manner while in trainings, meetings and other SAR related events? Does the youth joke around when there is something serious being discussed or are they attentive? This is an important part of how we look to the outside world.

3. Commitments:

Does the youth follow through with the commitments he/she has made or for the group? It does not matter whether the event is a fun activity or a group function, others depend on you when you say you will do something or be somewhere.

4. Grades:

The youth must maintain a “C” average or above. Must have no cinch notices or cuts. Youth is to get a copy of each progress report and report card turned into the Board Member in charge of MYSAR within a week of receiving it.

I have read and agree to the above:

Youth Signature

Date

CONSENT FOR MEDICAL TREATMENT OF A MINOR

Name _____ Date of Birth _____
(Name of minor)

I, as legal parent/guardian of above named minor do hereby give my consent for Mendocino County Sheriff's Search & Rescue to obtain all medical prescribed by a duly licensed physician for my minor child.

This medical care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent, to include but not limited to prescribing medications, surgical procedures, bandaging and/or any procedure that if not immediately taken care of could result in further serious injury, paralysis, or death. This waiver includes physical examinations necessary to determine the nature of the injury or illness.

Any limitations to this release:

Dependent's Allergies: (if any known)

Dependents past surgeries, medical conditions that required hospitalization:

Date last tetanus shot _____

Date: _____ Signed: _____

****Release valid for one year of date signed unless otherwise listed above, under the limitations section.**

Home Address _____

Home Phone # _____

Business Phone # _____

Dependent's physician _____ Phone #: _____

List at least Three (3) relatives & phone numbers who we could call if you are not available:
