



Mendocino County Sheriff's Search and Rescue

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 rundown 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 who conduct 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 train to develop the required skill sets as well as having the discipline and dedication needed to make a difference. The SAR Board meets once a month on the fourth Wednesday in Ukiah. Members may, but are not required, to attend this meeting. Required meetings occur on the first Tuesday in Fort Bragg, at 7:00 p.m. and on the third Thursday in Ukiah, at 6:00 p.m.

SAR operations involve a variety of specialized skill areas such as: Horse Posse, Four-wheel Drive, ATV, Boating, Air Squadron, Underwater Search and Recovery, Special (Ground) Forces, Logistical Support, and Search Management. As a SAR member, you will be assigned to one or more 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 or serious misdemeanor, and is 14 years or older, is eligible for membership. All members are required to submit to a background check.

Member Requirements

All SAR members must obtain and maintain valid First Aid and CPR cards. Throughout the year there are regular training sessions on these and other diverse subjects such as man tracking, map and compass, rappelling, use of all terrain vehicles, search techniques, and land navigation. Each new member will be required to attend a SAR "boot camp" to obtain the basic skills needed to become an active SAR member. There are no dues or fees for members. After being sworn in as Disaster Service Workers all members are covered by state worker's compensation and disability benefits during approved training and when called out on actual SAR missions.

Apart from attending meetings and training sessions, all members may be called upon to participate in actual searches. 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 **COMMITMENT** of your time, 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, working together as a team, committed to the mission to see it through. 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!

*The Mendocino County Sheriff's Search and Rescue is a non-profit, tax-exempt corporation in affiliation with the Mendocino County Sheriff's Office.
Non-Profit State Identification number: C1641628.*

**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.



MENDOCINO COUNTY OFFICE OF EMERGENCY SERVICES

DISASTER SERVICE WORKER REGISTRATION FORM

Loyalty Oath under Code of Civil Procedure, section 2015.5 & Title 19, Division 2, Chapter 2, Sub-Chapter 3, Section 2573.1. The purpose of the information is registration as a Disaster Service Worker. Failure to provide this information disqualifies you as a Disaster Service Worker.

NAME: LAST			FIRST			MI			DATE OF BIRTH: (optional)			
ADDRESS:				CITY:				STATE:		ZIP:		
COUNTY:				HOME PHONE:				WORK PHONE:				
CELL PHONE:				E-MAIL:				WORK E-MAIL:				
DRIVER LICENSE NUMBER: (if applicable)				DRIVER LICENSE CLASSIFICATION: A B C				LICENSE EXPIRATION DATE:				
				OTHER DRIVING PRIVILEGES:								
PROFESSIONAL LICENSE: (if applicable)				FCC LICENSE: (if applicable)				LICENSE EXPIRATION DATE:				
IN CASE OF EMERGENCY, CONTACT:								EMERGENCY PHONE:				
PHYSICAL IDENTIFICATION:		HAIR:		EYES:		HEIGHT:		SEX:		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 organizations, 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 AFFIRMATION (GOVERNMENT CODE 3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the 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 the 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.

SIGNATURE	IF UNDER 18, SIGNATURE OF PARENT/GUARDIAN	DATE
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH	TITLE	DATE