



MASON COUNTY SEARCH AND RESCUE

305 S. 1st Street, Shelton WA 98584

PO Box 1031, Belfair WA 98528

www.masoncountysar.org

info@masoncountysar.org

10T 04923665

5228615

Search and Rescue Volunteer Application Instructions

The following application will be processed by our office as well as the Mason County Sheriff's Office. A background check is required to become a member of Mason County Search and Rescue, so please be thorough and forthright with your answers, supplying additional documents as appropriate to assist the investigator in forming a complete picture of you as a candidate.

Please feel free to visit www.masoncountysar.org at any time to familiarize yourself with our mission, standards and activities. If you need answers to specific questions not covered by our online materials or simply wish to talk to a Search and Rescue volunteer, our contact information is always updated at www.masoncountysar.org/contact.

To complete the application process:

1. Complete the following application in its entirety (include the MCSO SAR Division Animal Application if you are applying for a Canine Unit position). Attach other supplemental documents as needed.
2. There are two required National Incident Management System, Incident Command System courses per FEMA requirements. These courses are web-based and free. To receive the necessary credits:
 - a. Visit <https://cdp.dhs.gov/femasid> to register for your FEMA SID (if you don't already have one). This becomes your unique FEMA identification number and will be required to take the NIMS ICS courses.
 - b. <https://training.fema.gov/nims> provides links to the two required courses:

ICS-100: Introduction the Incident Management System
ICS-700: National Incident Management System, An Introduction
3. Deliver the completed and signed application packet with both ICS course completion certificates and DEM Emergency Worker form to the MCSAR Human Resources Director by:
 - a. Email: scan all documents and email them to hr@masoncountysar.org
 - b. US Postal Service:

Mason County Search and Rescue
Attn: Human Resources
PO Box 3144
Shelton, WA 98584

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4. Upon review of your application, the Director will contact you to schedule an interview.
5. The Mason County Sheriff's Office will conduct a background investigation. This process usually takes 2 weeks or more to complete.
6. When background processing is complete, the Human Resources Director will assist you in coordinating with the Mason County Department of Emergency Management for the issuance of your temporary DEM number. This may include a photo and will be your official ID number during training and missions.
7. Now you're ready to start training! You're also welcome to attend our monthly meetings – refer to the calendar at www.masoncountysar.org/calendar for dates and locations.



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Search and Rescue Volunteer Application

I am applying for the following position(s):

ESAR Mobile ATV/ORV Canine Operations

Personal Information:

This information is required by the Mason County Sheriff's Office to process your background check. Incorrect or incomplete entries will delay your application and may be cause for rejection.

Full Name:					
Address:					
City:		Zip:		Birth Date:	
Height:		Weight:		Gender:	
Hair Color:		Eye Color:		Blood Type:	
Driver's License No.:		State:		Exp. Date:	
Social Security No.:					
Employer:		Job Title:			

Contact Information:

Home Phone:	
Work Phone:	
Mobile Phone:	
Email Address:	

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Emergency Contact:

Contact Name:	
Phone:	
Relationship:	

Why do you want to participate in Search and Rescue?

Driving Status:

Can you currently operate an automobile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when and why?	
Do you have current auto insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Please describe any disabilities or limitations:

Please indicate your completion of any of the following certifications:

Certification	Level/Grade	Issued By	Issue Date	Exp. Date
BLS Provider CPR				
BLS Provider First Aid				
Airborne/Blood borne Pathogens				
BLS CPR Instructor				
BLS First Aid Instructor				
Tech. Rescue Awareness				
ICS IS-100				
ICS IS-200				
ICS IS-300				
ICS IS-700				
ICS IS-800				
HazMat Awareness				
Emergency Medical Technician				
Wilderness First Aid				
Wilderness First Responder				
Wilderness EMT Upgrade				
Mason County Food Handler				

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Please indicate your completion of any Search and Rescue training:

SAR Course/Class	Level/Grade	Instructor	Date	Score

Medical Screening

This information is provided solely for the purpose of medical screening and for use in the event of a medical emergency. It is considered Protected Health Information under United States HIPAA laws and will remain confidential.

Medical Conditions:

Please check all that apply. List other conditions in the space provided.

<input type="checkbox"/> Previous Seizure	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Stroke
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD
<input type="checkbox"/> Lung Condition	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Serious Trauma
<input type="checkbox"/> Current/Recent Pregnancy	<input type="checkbox"/> Bone/Joint Disorder	

Other medical condition(s):

Allergies:

List all allergies (including medications, foods, plants, latex, etc.) as well as the type and severity of reaction you experience and any required treatment devices or medications.

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Medications:

List all medications (including allergy meds) taken on a regular basis.

Medication	Dosage	Taken to treat

Surgeries and Injuries:

List any previous significant surgeries and/or injuries, including sports-related injuries.

Other medical information:

Attach additional pages/documentation as needed.

Detail any additional information relevant to your participation in Search and Rescue activities. Please note that a medical condition is not an automatic bar to acceptance – each case is considered on its individual merits based on the requirements of the desired position(s). Failure to provide the requested information, however, will result in the rejection of the volunteer’s application.

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Security Issues:

Due to the sensitive nature of information available to Search and Rescue personnel, the Mason County Sheriff's Office considers answers to the following questions when determining if an applicant's personal situation could potentially result in a breach of security.

Have you used marijuana within the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever experimented with any illegal or non-prescribed drugs or controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Have you ever been present where illegal drugs were being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Have you ever been involved with the sale or trafficking of any illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what and when?	
Have you ever committed a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what and when?	
Have you ever been arrested or taken to jail for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what for?	

Volunteer Applicant Certification

IMPORTANT – PLEASE READ BEFORE SIGNING

1. I declare that any statements made by me in this volunteer application or information provided is/are true and complete. I understand that statements made information provided by me is/are subject to verification, and that any misrepresentation, fraud or omission of material facts is ground to deny membership, or can be grounds for disciplinary action, including dismissal, after membership is granted.
2. I attest that I have the legal right to live and work in the United States (proof may be required on acceptance of membership).
3. I am able to speak, read and write in the English language.
4. I affirm that I have read the minimum requirements for Mason County Search and Rescue, and agree to meet the minimum standards to perform the requested duties.
5. I am in adequate physical condition to carry out the emergency assignment given to me, and I am not subject to any medical problems or other infirmity of body or mind, except as noted in this application, which might render me unfit to carry out my emergency assignment.
6. I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of Emergency Management and/or the Mason County Sheriff.
7. In connection with this volunteer application, I authorize Mason County or any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued volunteer activity with the county and authorize the release of any such information including, but not limited to, any criminal conviction or driving offense on my record. Moreover, I hereby release Mason County and any agent acting on its behalf from any and all liability of whatever nature by reason of requesting such information from any person.
8. I fully understand that there are inherent risks involved with Search and Rescue work throughout the training process, active duty, response, transport, et cetera. I knowingly accept these risks and understand that Mason County Search and Rescue and the Mason County Sheriff's Office take appropriate measures to ensure safety during all operations. I further agree to maintain a safe working and training atmosphere for myself, my team, search subjects and the public by always acting and operating all equipment and vehicles in a safe manner. I understand that failure to do so, willfully, unknowingly, by my actions or lack of actions, I can be terminated and/or removed from active status.

I request that you do not contact my present employer unless necessary to determine my qualifications for the selected position(s)

Date:	
Applicant Signature:	
Guardian Signature (minor applicants):	

For Office Use Only

Application Received by MCSAR:	
Interview Completed:	
MCSAR Approved:	
Submitted to MCSO:	
Background Submitted:	
MCSO Approved:	
File Forwarded to MCDEM:	
Registration Completed:	



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Mason County Sheriff's Office SAR Division Animal Application

Emergency Worker (owner) Name:		DEM Number:	
Animal Name (owner last name and animal name):		Organization: MC SAR Canine	
Address:			
Home Phone:	Health/Shot Records:		
Breed:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color:	Marking/ID Number:
Type(s) of Training:			
I declare this information is true and accurate. I understand that my participation in this program is contingent upon the accuracy of the above information and that I am required to follow all laws and policies and procedures established by Mason County or its agents with regard to the emergency worker program and the activities of its volunteers.			
Signed:		Date:	
Please email a digital photo of your animal to jdracobly@co.mason.wa.us for your animal's ID card.			
For Office Use Only:			
Application Received (MCSO Only)	Background Completed:	DEM ID Issued:	DEM Number:

Attach completed ICS-100 and IS-700 certificates here. Applications are considered incomplete without both certificates.

