



**Multnomah County Sheriff's Office Search and Rescue**  
4325 NE Marine Dr. Portland, OR 97218  
503-988-6788



Dear Adult Member:

Congratulations on your decision to apply for membership with Multnomah County Sheriff's Office Search & Rescue (MCSO SAR). This is an opportunity that few people have, to be able to serve the communities in which they live. Membership is a privilege that will have many rewards. Search and Rescue is hard work, but is also enjoyable and presents unique opportunities for members.

What will be expected of you? As a new member you will be expected to attend Wednesday night training meetings and one weekend training outing per month until certification. In addition, each member is expected to be available for SAR missions at any time, and on any day. Most calls for assistance occur in the early morning hours, and some require immediate response. Members are also expected to purchase and maintain a minimum amount of personal SAR equipment.

How will you benefit? This is a question that you must answer for yourself. If you enjoy outdoor activities and feel called to public service, you will find great opportunities within MCSO SAR. The work is not easy, is often thankless, and is not for everyone. A great deal of responsibility and trust is required of each member. Success of a mission or criminal investigation may hinge on what is or is not found by our members.

It is important for all adult applicants to understand that youth development is a secondary focus to us as a search and rescue unit. We believe in developing youth into future leaders, by utilizing them as elected officers and field team leaders. Adult members must be willing to work with, and under the direction of youth leaders; their field experience is often far greater than many adults.

MCSO SAR has a very serious mission with serious consequences. The quality of the membership and their dedication to the job at hand is both the incentive to join, and the reason for a discriminating application process. Please take your time considering the questions on the application forms and answer them all honestly and completely.

Applications are due for new and returning members before **Wednesday, October 12, 2016**. Applications should be turned in to the MCSO SAR Secretary, or Asst. Head Advisor.

Ta Adams Keller  
Head Advisor  
MCSOSAR



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### Annual Participation Fee Information

Below are the costs and equipment needed for membership in Multnomah County Sheriff's Office Search and Rescue. Annual participation fees may be submitted as a single payment. If you are unable to pay the balance by 10/19 you may follow the payment schedule below. If you cannot afford these fees, would like to arrange a payment plan other than the one offered below, or for information about financial aid, please contact Head Advisor Ta Adams Keller.

Note: Please make checks payable to Multnomah County Sheriff's Office Search and Rescue (MCSOSAR).

#### Payment Options (pay by cash, check, or Paypal)

**New Member fee** \$150  
Includes two field uniform shirts, training manual, compass, first aid kit, and meals for all training outings

#### Payment Plan

**For New Members**  
1<sup>st</sup> payment of \$25 due by **Wednesday 10/5/2016**  
2<sup>nd</sup> payment (upon acceptance into the unit) of \$125 due by **Wednesday, 10/26/2016**

Note: Failure to attend or withdrawal from Multnomah County Sheriff's Office Search & Rescue does not constitute grounds for a refund of fees. Uniform shirts will remain your property, but all Sheriff's Office patches must be removed and returned.

#### Contact Information

Contact information for the entire team will be distributed and updated during the training season. While we recommend members contact their team leaders with questions, we wanted to provide the information below especially for parents/family. Please don't hesitate to contact Head Advisor at any time with questions or concerns.

Website: [www.mcsosar.org](http://www.mcsosar.org)

Head Advisor: Ta Adams, 503-504-5547, [ta.adams@mcsosar.com](mailto:ta.adams@mcsosar.com)

Asst Head Advisor: Jake Keller, 503-528-4407, [jake.keller@mcsosar.com](mailto:jake.keller@mcsosar.com)

Basic Training Advisor: Ryan Summers, 541-515-2258, [rsummers@mcsosar.org](mailto:rsummers@mcsosar.org)

Head SAR Coordinator: Sgt. Mark Herron, 503-251-2501, [mark.herron@mcso.us](mailto:mark.herron@mcso.us)



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**Adult Application for Membership**

**Section 1 - Personal Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Can we send you text/SMS messages?  YES  NO

E-mail: \_\_\_\_\_  Personal  Work

Do you work?  YES  NO Company Name: \_\_\_\_\_

Please list all extracurricular activities (sports, civic groups, and clubs):

Please list all outdoor experience (e.g. backpacking, climbing, scouting programs, etc.):

**Section 2 – Criminal History**

MCSO Search & Rescue is sponsored by the Multnomah County Sheriff's Office; a law enforcement agency that deals with classified criminal information and sensitive criminal investigations. The following questions must be answered as truthfully as possible. A "yes" answer to any of them may disqualify or limit your membership. A routine background check is standard procedure.

1. Have you ever been charged with or convicted of any felony, misdemeanor, serious driving infraction, or their juvenile equivalent?  YES  NO
2. Have you ever been charged with or convicted of any violation in regards to drugs or alcohol use or possession, or the juvenile equivalent  YES  NO
3. Are you currently, or have you ever been on pre-trial release, parole, probation, or under the care of a Mental Health Review Board, or the juvenile equivalent, or under the care of JDH for any reason?  YES  NO
4. Are you currently, or have you ever been classified in any criminal justice database as a gang member/associate/affiliate?  YES  NO
5. Have you ever been taken into custody or protective custody (example: curfew violation)?  YES  NO

*If you answered "YES" to any of the above questions, Please explain on a separate piece of paper and attach it to this form.*



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**Section 3**

Please answer all questions as honestly and completely as possible. If needed, use an additional piece of paper and attach it to this form.

Why do you want to join Multnomah County Sheriff's Office Search and Rescue?

What do you wish to gain from joining Multnomah County Sheriff's Office Search and Rescue?

What would you describe as your strong and weak points?

What do you have to offer our Search and Rescue Unit?

Do you have any previous Search and Rescue experience? If yes, please list.

How did you hear about Multnomah County Sheriff's Office Search and Rescue?

Initial on the line next to the events to which you and your parent(s)/guardian(s) are willing to commit:

Applicant's Initials

- \_\_\_\_\_ Weekly meetings
- \_\_\_\_\_ One field training outing per month
- \_\_\_\_\_ On-call 24 hours a day
- \_\_\_\_\_ Receive phone calls 24 hours a day
- \_\_\_\_\_ Respond to searches even when inconvenient

I certify that the information provided in this application is complete and true to the best of my knowledge. If at any time I decide I do not wish to continue as a volunteer with Multnomah County Sheriff's Office Search and Rescue, I will notify the Unit immediately and relinquish my Sheriff's Office identification and all unit equipment in my possession.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Contract of Responsibility and Waiver**

I know and understand that participation in sanctioned events with Multnomah County Sheriff's Office Search & Rescue is potentially hazardous. I will not participate in Search and Rescue activities unless I am medically capable and properly trained. I will voluntarily examine all risks associated with participating in this organization, including, but not limited to, falls, contact with other individuals, effects of weather (including extreme temperatures or conditions), traffic contact with motor vehicles of all types and descriptions, and all other risks known and appreciated by me. I assume the risk of all dangerous conditions during Search and Rescue activities and waive any and all specific notice of the existence of such conditions and I will assume and pay my own medical and emergency expenses in the event of accident, illness, or other incapacities as a result of my negligence.

Having read this waiver and knowing these facts and in consideration of my membership acceptance, I, for myself, and anyone acting on my behalf, waive and release Multnomah County Sheriff's Office, Multnomah County Sheriff's Office Search and Rescue, all sponsors, officials, employees, and agents from claims of liabilities of any kind arising out of my participation in this event, including damage or loss to my person and property which may be caused by any act, or failure to act, by the above persons and entities. I also understand and agree that any sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me participating in Multnomah County Sheriff's Office Search & Rescue operations without liability or obligation to me.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Flight Release

I understand I may be required to fly in an aircraft operated by the Armed Forces of the United States, or certified for commercial use, in relation to a Search and Rescue Operation authorized by an Oregon Sheriff's SAR Coordinator.

I understand this is a voluntary task that is done entirely upon my own initiative, and I accept all risk and responsibility.

Therefore, I relieve Multnomah County Sheriff's Office, Multnomah County Sheriff's Office Search and Rescue, the agency providing the flight, the authorizing Sheriff, and all employees and volunteers of these agencies of any liability, claims or actions resulting from injury or death, which may occur on these flights.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Photo waiver**

I understand that my photograph and/or name may be used in publications such as local newspapers, magazines, television news and radio broadcasts; and social media networks such as Facebook and Twitter.

I also understand that my general information (name, phone number, etc.) will be available on a password protected Internet site. The Internet site is intended for Search and Rescue personnel only. Access will only be given to authorized personnel.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Medical Record**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Emergency Contact One:** \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Other Contact Numbers (please specify): \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency Contact Two:** \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Other Contact Numbers (please specify): \_\_\_\_\_

Relationship: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Insured Person's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group or Plan Number: \_\_\_\_\_

Hospital Preference (if applicable): \_\_\_\_\_

Primary care provider (if applicable/optional): \_\_\_\_\_

I, \_\_\_\_\_, give consent for the MCSOSAR Advisor or the Deputy Sheriff in charge of a sanctioned event or search mission to approve needed emergency medical treatment for my injuries.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Health History**

Name: \_\_\_\_\_

Height (ft & in): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

<b>ALLERGIES</b>	<b>NO</b>	<b>YES</b>	<b>If yes, what?</b>
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insects	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plants	<input type="checkbox"/>	<input type="checkbox"/>	_____

If yes, explain reaction(s) and medication(s) previously used to treat reaction(s):

\_\_\_\_\_

<b>HISTORY</b>	<b>NO</b>	<b>YES</b>	<b>Relevant details</b>
Asthma			
Seasonal Allergies			
Diabetes			
Frostbite			
Heat Related Injuries			
Heart Problems			
Hemophilia			
High Blood Pressure			
Joint Injury			
Head Injury			
Seizures			
Other			

List all medications you are currently taking, including dosage:

**Immunizations:** (give date of last inoculation)

Tetanus Toxoid \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation during searches or outings (including previous injuries and pre-existing health conditions).

I certify that the Health History provided in this application is complete and true to the best of my knowledge. I understand that I am required to have current health information on file with MCSO SAR at all times and that I am responsible for updating my health information should my health condition change.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

