



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



Dear Youth 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.

Family members play a very important role for members that don't drive. Many new members may not be of age to drive. Often, one's family and friends are called upon to ensure members can get to meetings and events on time and provide financial support for required equipment. It is their selfless work and sacrifice, on behalf of the SAR member, that makes our existence possible.

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. 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 11, 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
1st payment of \$25 due by **Wednesday 10/4/2016**
2nd payment (upon acceptance into the unit) of \$125 due by **Wednesday, 10/25/2016**

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

Head Advisor: Ta Adams Keller, 503-504-5547, ta.adams@mcsosar.com

Asst Head Advisor: Jake Keller, 503-528-4407, jake.keller@mcsosar.com

Basic Training Advisor: Ryan Summers, 541-515-2258, rsummers@mcsosar.org

Head SAR Coordinator: Sgt. Mark Herron, 503-966-6788, mark.herron@mcso.us



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Youth 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

School (you're attending): _____ Grade: _____

Do you work? YES NO Company Name: _____

Parents/Guardians Names: _____

Parent/Guardians Cell Phone: _____ Email: _____

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	Parent'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: _____

Parent(s)/Guardian(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: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian'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: _____

Parent or Guardian's Name (please print): _____

Parent or Guardian'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: _____

Parent/Guardian's Name (please print): _____

Parent/ Guardian's Signature: _____ Date: _____



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Official School Release
 (To be filled out by those under 18 and in school)

Dear School Administrator:

We, the undersigned, legal parent or guardian of _____, hereby consent to his/her release from school upon request of the Advisor or Adult Leaders of MCSO Search and Rescue or the Multnomah County Sheriff's Office for the purpose of Search and Rescue and other emergency work. We consent to his/her release for a period of not more than two days at a time. We do not, however, grant this permission without full approval of the school authorities.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____

Parent/Guardian's Name (please print): _____

Parent/ Guardian's Signature: _____ Date: _____

School Name: _____ Year of Graduation: _____

School Official's Name: _____

School Officials Position: _____

School Officials Signature: _____ Date: _____

MCSO SAR FILE COPY
 To be returned with application



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Official School Release

(To be filled out only by those under 18 and in school)

Dear School Administrator:

We, the undersigned, legal parent or guardian of _____, hereby consent to his/her release for school upon request of the advisor or adult leaders of Multnomah County Sheriff's Office Search and Rescue or the Multnomah County Sheriff's Office for the purpose of Search and Rescue and other emergency work. We consent to his/her release for a period of not more than two days at a time. We do not, however, grant this permission without full approval of the school authorities.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

School Name: _____ Year of Graduation: _____

Class	Teacher's Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SCHOOL FILE COPY
 To be left on file at school



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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: _____

ALLERGIES	NO	YES	If yes, what?
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):

HISTORY	NO	YES	Relevant details
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: _____



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AUTHORIZATION OF RECORDS CHECK

I understand that a check of criminal history records will be made before any employment by or association with Multnomah County Sheriff's Office. I hereby authorize such check and agree that a record of conviction or pending criminal court action may exclude me from employment or association with the Multnomah County Sheriff's Office.

TYPE OR PRINT: Illegible or incomplete forms will not be processed. SUBMITTAL DATE: ____ / ____ / ____

NAME: ____ / ____ / ____ DATE OF BIRTH: ____ / ____ / ____
 LAST FIRST MIDDLE

OTHER NAMES USED: ____ / ____ / ____
 LAST FIRST MIDDLE

CURRENT ADDRESS: ____ / ____ / ____ / ____
 CITY STATE ZIP

SOCIAL SECURITY #: _____ PLACE OF BIRTH: _____ / _____
 CITY STATE

DRIVER'S LICENSE: ____ / ____ / ____ PHONE # _____
 STATE NUMBER EXPIRATION DATE

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

RACE: _____ SEX (circle one): MALE or FEMALE
 A-Asian / B-African American / H-Latin American / I-American Indian or Alaskan Indian / W-Caucasian / O-Other

CURRENT OCCUPATION/EMPLOYER & PHONE: _____

PURPOSE FOR REQUESTING FACILITY ACCESS: Multnomah County Sheriff's Office Search & Rescue

I HEREBY AFFIRM THE ABOVE INFORMATION IS TRUE: Signature: _____

OFFICIAL USE ONLY

Step 1 AGENCY MANAGER/SUPERVISOR REQUESTING RECORDS CHECK (Must be completed): PRINT OR TYPE

NAME: _____ UNIT/TITLE: _____ FAX: _____

Step 2

PPDS LEDS NCIC CLASS CCH DMV SWIS

_____/_____/_____
 SIGNATURE & DPSST OF STAFF COMPLETING RECORDS CHECK TITLE/UNIT DATE

Step 3

APPROVED DENIED

_____/_____/_____
 SIGNATURE OF F.A.C./FACILITY COMMANDER/UNIT MANAGER TITLE/UNIT DATE

PS866

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