



**Section 1: Personal**

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

Name: \_\_\_\_\_ (Last, First, Middle)

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

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

DOB: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

List any relevant health issues / allergies you may have: \_\_\_\_\_

Are you able to leave work on short notice for emergency call outs? \_\_\_\_\_

Do you speak a foreign language? \_\_\_\_\_ If so, which one (s): \_\_\_\_\_

Military Service:

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Period Served: \_\_\_\_\_

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

Type of Discharge: \_\_\_\_\_

**Section 2: Vehicle / Driver information**

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Vehicle type: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_ State: \_\_\_\_\_



**Section 3: Search and Rescue (SAR) Interest**

What is your primary interest in Search and Rescue? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any specialty SAR related experience you may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Anchorage Search Team? \_\_\_\_\_  
\_\_\_\_\_

Are you available Thursday evenings and weekends for meetings and training sessions? \_\_\_\_\_

Why do you want to join the Anchorage Search Team? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you feel you would be best utilized? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Section 4: Working Environment and Conditions Possibly Encountered**

Rough terrain, inhospitable weather, insects, plants, fumes, long hours, tedious necessary tasks, dealing with people and their various moods, navigating difficult terrain, heights, confined spaces, searching for remains or bodies of people, and/or other situations or environments that could be found in emergency/disaster situations.

Are there any physical or mental condition(s) that might cause problems while working under the adverse conditions/surroundings that might be encountered? Please note, such conditions would not automatically exclude an applicant, but Team leaders need to know the condition so that so that they can plan for contingencies that might occur.

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Section 5: Membership Requirements**

Active members of AST are expected to maintain a 50% attendance requirement for all unit functions, including monthly meetings, unit training sessions, classes, drills, fund raisers, and emergency call outs. Members are also required to meet minimum SAR training requirements for their SAR specialty (I.E. First Aid, CPR; you are required to maintain your own certifications at your own expense) in order to participate in emergency call outs. Active members who cannot meet minimum attendance requirements may be required to leave the team in accordance with the team By Laws.

Monthly Meetings are held on the second Thursday of each month with the following exceptions:

- No meeting in July
- December meeting / election TBD

Training sessions are usually held on weekends.

Team shirt size: (S, M, L, XL, XXL) \_\_\_\_\_

Team jacket size: (S, M, L, XL, XXL) \_\_\_\_\_

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I, the undersigned, certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. If I am a member or accepted by AST, my affiliation with AST can be terminated at any time with or without advance notice.

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

**\*\*NOTE\*\* THIS APPLICATION IS NOT VALID WITHOUT CONSENT FOR BACKGROUND CHECK IS SIGNED AND INCLUDED.**



**Anchorage Search Team Consent for Background Check**

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

Name: \_\_\_\_\_ (Last, First, Middle)

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

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

SSN# \_\_\_\_\_

I authorize AST or a duly appointed representative of AST to make any and all investigations / background checks pertinent to this application as outlined in the team's Policies and Procedures Manual.

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



## CONFIDENTIALITY AGREEMENT

I have read the Volunteer Guidelines and agree that I shall treat all information I receive from reports, officers, or victims as confidential. I understand that I could jeopardize the ultimate investigation of a crime by revealing information. I will not discuss the aspect of a crime or investigation with any person unless directed to do so by my supervisor. I agree that I will not use my association with AST to seek favors for others or myself.

## INFORMATION AUTHORIZATION

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Board of Directors of AST any information considered necessary for the purpose of processing this application. A copy of this authorization shall be considered as valid as the original.

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

## LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT

I understand that I am not a member of any law enforcement organization, the State of Alaska, or the Municipality of Anchorage. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits. I wish to volunteer my services to the AST and/or observe members of the AST perform their duties. I understand that my status as a volunteer may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold harmless the State of Alaska, the Municipality of Anchorage, the Alaska State Troopers, and the Anchorage Police Department. I agree to indemnify the State of Alaska, the Municipality of Anchorage, the Alaska State Troopers, and the Anchorage Police Department, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness, death, or property loss of use.

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