



# SEARCH & RESCUE APPLICATION

*Office of the Sheriff – Madera County*

*Please Return Application to the following office*

*Oakhurst Substation*

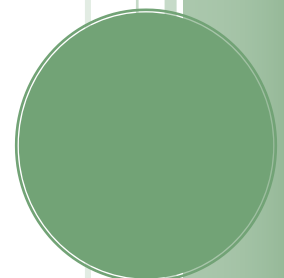
*48267 Liberty Drive*

*Oakhurst, CA 93644*

*(559)-642-3201*

*Attention: Search and Rescue Coordinator*

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





# OFFICE OF THE SHERIFF

MADERA COUNTY

Jay A. Varney  
Sheriff-Coroner

2725 Falcon Drive  
Madera, CA 93637  
Phone: (559) 675-7770  
Fax: (559) 675-8413  
E-Mail: sheriff@madera-county.com  
File # 4.a.10638

## Search and Rescue Volunteer Application

### APPLICATION INSTRUCTIONS

1. Please answer all questions and provide enough detail to allow for full review and evaluation. Please type or print in ink, clearly.
2. Inquiry may be made of your personal references, former and current employers or the last school you attended regarding your performance record. Please provide the name and phone number of each supervisor on your application form.
3. Please notify the Sheriff's Office if you have a change of address, phone number, or e-mail address.
4. Incomplete information will delay your background check which in turn will delay your appointment to the Search and Rescue Team.

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

Previous Names (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State)

Phone Number: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ California Driver's License Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

List residence for the last five years, with current address first:

1: \_\_\_\_\_  
(Street, City, State, Zip Code & Duration)



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2: \_\_\_\_\_  
(Street, City, State, Zip Code & Duration)

3: \_\_\_\_\_  
(Street, City, State, Zip Code & Duration)

Employment history for the last ten years, beginning with the most recent position:

Experience: Please give us enough information to allow for review and evaluation of your work experience and abilities. If additional space is needed, attach a sheet of paper

1: \_\_\_\_\_  
Company Name Complete Address  
\_\_\_\_\_  
Telephone Number Start Date End Date

2: \_\_\_\_\_  
Company Name Complete Address  
\_\_\_\_\_  
Telephone Number Start Date End Date

3: \_\_\_\_\_  
Company Name Complete Address  
\_\_\_\_\_  
Telephone Number Start Date End Date

4: \_\_\_\_\_  
Company Name Complete Address  
\_\_\_\_\_  
Telephone Number Start Date End Date

5: \_\_\_\_\_  
Company Name Complete Address  
\_\_\_\_\_  
Telephone Number Start Date End Date

6: \_\_\_\_\_  
Company Name Complete Address  
\_\_\_\_\_  
Telephone Number Start Date End Date



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Are you bilingual? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Spoken: \_\_\_\_\_ Read: \_\_\_\_\_

If yes, what is your other language? \_\_\_\_\_  
Proficiency (Circle one): Fair:      Good:      Excellent:

Convictions: As an adult, have you ever been convicted of an offense other than a minor traffic violation?

(Circle One)      Yes      No

If Yes, please give the date and nature of the offense. (Convictions are evaluated for each position and are not necessarily disqualifying.):

\_\_\_\_\_  
\_\_\_\_\_

Education and Training (List highest level of education and any specialized training received): \_\_\_\_\_

\_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

References: Give names and addresses of three people, not relatives, that we may contact who have knowledge of your job skills, experience and ability. You may use past employers.

1. \_\_\_\_\_  
(Name)      (Address)      (City)      (State)      (Zip)      (Phone Number)

2. \_\_\_\_\_  
(Name)      (Address)      (City)      (State)      (Zip)      (Phone Number)

3. \_\_\_\_\_  
(Name)      (Address)      (City)      (State)      (Zip)      (Phone Number)



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How did you hear about the Volunteer SAR Program?      Newspaper      Referral      Other

If other, explain: \_\_\_\_\_

\_\_\_\_\_

### Application Certification:

PLEASE READ BEFORE SIGNING. I CERTIFY that statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny County employment or for disciplinary action including dismissal after employment.

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

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