

LCWSARU

Application

rev. 3/7/2015

Please print out form, fill out completely and return to Lane County Water Search and Rescue Unit (LCWSARU). This can be done by mailing or taking this form to the Lane County Sheriff's Office downstairs at the Lane County Courthouse, 125 E. 8th Ave. Eugene, OR. 97401 Monday through Friday, 9:00 am to 5:00 pm.

If mailing, write at the top of your envelope:
To: "SAR coordinator" Tim Chase.
(Attention President of LCWSARU)
Lane County Courthouse,
125 E. 8th Ave.
Eugene, Or. 97401

Please write legibly.

NAME _____

Last First Middle Initial
AGE _____ DATE of BIRTH _____ Gender Female / Male
(Month, Day, Year) (Circle one)

Social Security Number: _____ / _____ / _____
Driver license # _____ State _____ Expiration date: _____
Hair color _____ Eye color _____ Height _____ / Weight _____
Blood type _____ (feet/ inches)
Physician's Name _____

Emergency contact: Name _____ Relationship to you: _____ Phone number: _____ () _____

ADDRESS (Where you actually live)

Street _____
City _____ State _____ Zip code _____

(Mailing address if different)

Street _____
City _____ State _____ Zip code _____

EMAIL ADDRESS _____

Phone (home) _____ () _____
Work phone _____ () _____
Cell phone _____ () _____
Pager _____ () _____

EMPLOYMENT STATUS

(Please include volunteer residency occupation i.e. "Sleeper program" as employment)

Occupation _____ Employer _____

Address of employer _____

Supervisor _____

Office Phone _____ () _____

Is your employer willing to release you from work for emergency missions? Yes / No
(Circle one)

What Type of Position are you interested in?

TENDER* (Yes/No)
RESCUE SWIMMER** (Yes/No)
DIVER*** (Yes/No)
SUPPORT ROLE (Yes/No)

*Physical Agility Test (IADRS score of 12) and medical clearance are required to go on missions.

**Rescue Swimmers must own their own gear and be Swift Water I, Rescue Swimmer, or its equivalent.

***Divers must be Rescue certified and own their own gear, lower SCUBA certifications will be listed as Tenders until Rescue certification is reached.

CERTIFICATION HISTORY

Current Certification level _____ Year of initial certification _____

Additional Certifications: _____

Nitrox trained? Yes / No (Circle one)

Please attach copies of all diving certifications.

EQUIPMENT OWNED

Do you own a complete set of equipment? Yes/no (Circle one) Number of tanks _____

Type of exposure suit? Wet / Dry? (Circle one)

MEDICAL TRAINING LEVEL

CPR Yes/ No Medical training
Level _____

Certification expiration date: _____ (First-aid, EMT-B, I, P, Nurse, Physician)

Please attach copies of all pertinent certification levels.

SPECIALIZED TRAINING COURSES

(High angle rescue, Swift Water specialist, River guide, Amateur Radio operator)

_____ Date of certification _____

PERSONAL HISTORY (There will be a "Criminal" background check done on every applicant)

Have you ever been arrested, convicted of any crime or received a major traffic citation?
(Yes / No)

If yes, please list charges: _____
County State

_____ County State
 (If needed please include explanation of charges on separate sheet of paper)

What hours/days may you be considered available for dive missions? _____
Day's Times

When was your last physical examination? _____ By whom? _____
Date Physicians name

Do you have any additional skills or training that would benefit this team? (i.e. mechanic, river guide, Law enforcement officer)

*Using the following scale, please answer the questions below

	(Very uncomfortable 1 2 (3) 4 5 comfortable)				
What is your comfort level in the following?	(Circle one)				
Swift water or current situations	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Night diving	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Low / No visibility	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Body recovery	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

PERSONAL REFERENCES (How did you find out about this team?)

1. _____

_____ Phone _____ () _____
 Reference Name (Personal-Related)

_____ Address _____
 Occupation _____

2.

Reference Name (Personal-Related)

Phone _____ () _____

Occupation

Address _____

3.

Reference Name (Personal-Related)

Phone _____ () _____

Occupation

Address _____
