

**Can Am Lifeline Search and Rescue
New Member Application Process**

Welcome to the Can Am Lifeline Search and Rescue new member application process.

You can turn the completed application into the Sheriffs Office Dispatch or mail to:

Can Am Lifeline Search and Rescue
PO Box 161
Eureka, MT 59917

The board meets at biannual intervals to review and formally interview new applicants. You will be notified by phone as to the time and location for your interview.

Successful interviewers will then be subject to a background check by the Sheriffs Office before a letter is mailed to the applicant notifying them of their acceptance or denial in the organization.

Please take your time to completely fill out the application. We look forward to getting back to you.

Information contained in the application is considered confidential and for use only by those designated in the application process.

Application for Membership
Can Am Lifeline Search and Rescue
PO Box 161 Eureka, MT (North Lincoln County)

Interviewed _____

Board Approval _____

Date:			
Name:			
Physical Address:			
Mailing Address:			
Email:			
Home Phone:			
Cell Phone:			
Employer:			
Work Phone:			
Social Security Number:			
Drivers License Number:			
Date of Birth:			
How long a resident in Lincoln County:			
How long a resident in Montana:			
In case of an emergency notify:			
Emergency contact phone:			
Physical Status			
Are you able to engage in strenuous activities?(Lift over 50 lbs, walk on rugged terrain day or night)			Yes No
Military Service			
Branch:			
Date of Service:			
Discharge Status:			
First Aid Training (please provide copy of certification)			
Are you certified in first aid?			
Expiration Date:			
Type of first aid certification:			
State where certified:			
Are you certified in CPR?			
Expiration Date:			
Type of Certification:			
Volunteer Service			
Have you had any prior involvement in a volunteer service organization?			Yes No
If yes, Organization:			
Location:			
Dates (start – end):			
Reason for leaving:			
In what capacity did you serve?			
Are you willing to train without being paid for it?			

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Skills					
What skills and services would you be able to provide Can Am?					
	Yes	No		Yes	No
Map reading?			Compass use?		
Topographical understanding?			GPS?		
List any equipment you have available for your use in Search and Rescue:					
Unit(s) of Interest (Please Check the Unit of interest)					
ATV/Snowmobile Unit					
Boat Unit					
Horse					
Communications Unit/Logistics					
Dive Unit <i>(This unit is limited in size - you will be required to pass a physical agility test as developed by the unit)</i>					
4 x 4 Unit					
Swift Water/Ice Rescue					
Medical Unit <i>(Please provide a photocopy of medical certifications with application)</i>					
Avalanche/Thiokol operators					
Availability					
Please rate your availability for searches by answering 1 – if always available, 2 – if available most of the time, 3 – if rarely available or 4 – not available					
Weekdays		Weekends		Variable	
Weeknights		Holidays			
References					
Name:				Phone:	
Name:				Phone:	
Name:				Phone:	

If I am selected to join Can Am I will support the objectives and bylaws of this organization. I will give a minimum of 20 hours of service each year, maintain my First Aid and CPR certifications and receive SAR TECH III Certification.

Signature: _____ Date: _____

Authorization to Release Information

I hereby expressly authorize release of any and all information which the Lincoln County Sheriff's Department may have concerning me, including information of a confidential or privileged nature to Can Am Lifeline Search and Rescue.

I hereby release Can Am and the Lincoln County Sheriff's Department from any liability for damage which may result from furnishing the information requested.

Signature: _____ Date: _____

Voluntary Health Questionnaire
Can Am Lifeline Search and Rescue
Eureka, MT (North Lincoln County)

Date:								
Name:								
Mailing Address:								
Home Phone:								
Date of Birth:								

Section A:

Have you ever or do you now have any of the following? For "Yes" answers supply full details in Section B. If the condition required hospitalization check the corresponding box.

#	Condition	No	Yes	Hosp	#	Condition	No	Yes	Hosp
1	Head Injury				23	Skin Trouble			
2	Back Trouble or Back Pain				24	Sensitivity to dust			
3	Defect of bones or joints including amputations, dislocations, broken bones				25	Other allergies			
4	Lameness				26	Frequent Colds			
5	Rheumatism or Arthritis				27	Cancer or Malignancy			
6	Foot Trouble				28	Tumor, growth or cyst			
7	Trick or Locked Knee or Knee Injury				29	Rheumatic Fever			
8	Eye Injury, Surgery, Disease				30	Polio			
9	Have you ever worn glasses or contact lenses				31	Any complications from childhood diseases			
10	Hard of hearing or hearing problems				32	Heart trouble, including circulatory			
11	Ever worn a hearing aid				33	High or low blood pressure			
12	Headaches				34	Varicose Veins			
13	Mental illness or nervous breakdown				35	Pernicious anemia, leukemia or other blood disorder or ailment			
14	Addiction to drugs or alcohol				36	Hepatitis, jaundice or other liver ailment			
15	Fainting or dizzy spells				37	Diabetes or sugar in urine			
16	Epilepsy or fits				38	Colitis			
17	Any disorders of the nervous system				39	Kidney or bladder trouble			
18	Tuberculosis or other lung trouble				40	Ulcer or other stomach trouble			
19	Shortness or breath				41	Gall bladder trouble			
20	Asthma				42	Piles or hemorrhoids			
21	Bronchitis				43	Rupture or hernia			
22	Poison Oak or Poison Ivy				44	Mononucleosis			

		No	Yes
45	Have you ever had or been advised to have an operation? If "yes" give the nature and dates of operation(s).		
46	Have you ever been a patient (committed or voluntary) in a mental hospital? If "Yes" give reason(s), date(s) and place(s).		

Voluntary Health Questionnaire
Can Am Lifeline Search and Rescue
Eureka, MT (North Lincoln County)

		No	Yes
47	Have you ever had any other illness, injury, or physical condition not named above, other than childhood diseases or minor illnesses? If "Yes" explain:		
48	Have you had an injury within the last 5 years which caused you to lose time from work?		
49	Have you ever been denied employment or insurance for medical reasons?		
50	Have you ever been deferred from military service for medical, emotional or health reasons?		
51	Have you ever been discharged or released from employment or from the armed forces for medical, emotional or health reasons?		
52	Have you ever received or applied for pension or compensation for disability or injury?		
53	Are you presently under a doctor's care for any condition?		
54	Have you taken medication the last 12 months for any reason? If "Yes" explain:		
55	Do you or have you ever had any physical or emotional limitations?		
Physician's consulted for above items checked "Yes" - identify item #.			
Item #	Physician's Name	Address	
Section B:			
Write your own account and explain all items answered "Yes" in this questionnaire. Identify item number, include diagnosis, date of onset and your present condition. Continue on additional sheets and attach if needed.			
Item #			
Penalty			
Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all rights to be a member of this organization.			
Certification			
I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.			
Signature _____		Date _____	