

**VALLEY COUNTY SEARCH AND RESCUE**  
**GENERAL APPLICATION**

**BASIC INFORMATION**

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

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

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

What is your physical fitness level? \_\_\_\_\_

What past or present VCSAR members do you know? \_\_\_\_\_

Do you possess a valid driver's license? **Yes / No**

Do you have any felony convictions? **Yes / No**

Are you willing to participate in a Sheriff's Office background investigation? **Yes / No**

**EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

How long have you been at your current place of employment? \_\_\_\_\_

Does your employer know you are applying to be a Search and Rescue volunteer? **Yes / No**

Does your employer support you taking time off without notice to attend Search and Rescue missions? **Yes / No / Don't know**

**LIVING SITUATION**

How many years have you lived in Valley County? **Less than 1 / 1-2 / 3-5 / 5-9 / 10+**

How many years do you see yourself living in Valley County? **Not sure / 1-2 / 5 / 10+**

Does your spouse/family know you are applying to be a Search and Rescue volunteer?

**Yes / No**

Does your spouse/family support you volunteering for Search and Rescue? **Yes / No**

### **CERTIFICATIONS**

What medical certification do you currently hold that are not expired? \_\_\_\_\_

\_\_\_\_\_

What technical certifications do you currently hold that are not expired? \_\_\_\_\_

\_\_\_\_\_

Other Certifications not mentioned above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **SKILLS AND ABILITIES**

Do you have any other relevant skills or abilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else you'd like us to know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide two references that we may contact that are not relatives nor employers:**

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

**KEVIN COPPERI**  
*Sheriff*



**DAVID STAMBAUGH**  
*Chief Deputy*

## **VALLEY COUNTY SHERIFF'S OFFICE**

107 W. Spring Street, Cascade, Idaho 83611

P.O. Box 1350, Cascade, Idaho 83611

Phone: (208)382-7150 Fax: (208)382-7171 Dispatch: (208)382-5160 Email: [sheriff@co.valley.id.us](mailto:sheriff@co.valley.id.us)

### **Valley County Search and Rescue** Volunteer Application

Please answer the following questions using Yes, No, or Not Applicable: If any of these apply to you, your application may not be considered and will be reviewed and verified by a background investigator:

1. Q: Have you ever been convicted of a felony?

A:

If answered Yes to the above question, please provide details of all charge(s), disposition dates and locations.

A:

2. Have you had any general misdemeanor convictions?

A:

If answered Yes to the above question, please provide details of all charge(s), disposition dates and locations.

A:

3. Q: Have you used marijuana, cannabis, hashish, hash oil, or THC in either synthetic or natural forms in the last year?

A:

If answered Yes to the above question, how long has it been since you have used marijuana or THC containing drugs.

A:

4. Q: Have you illegally used any controlled substance in the past 5 years?

A:

If answered Yes to the above question, please list the controlled substance used and how long it has been since you last used.

A:

5. Q: Have you been convicted of domestic battery, child abuse, stalking or “Peeping Tom” type of crimes?

A:

6. Q: Are you the respondent in a no contact order or civil protection order or otherwise prohibited from contacting another person?

A:

7. Q: Have you had your driver’s license suspended in the past two years for violations relating to D.U.I., chemical test refusal?

A:

8. Q: Have you had a “dismissal”, “bad conduct discharge” (BCD), “dishonorable discharge” (DD) or “administrative discharge of other than honorable” (OTH) from the military service?

A:

9. Q: Have you ever withheld or falsified any information submitted to the Valley County Sheriff’s Office?

A:

10. Q: Are you currently on probation or parole?

A:

11. Q: Are you related to anyone currently incarcerated at our facility?

A:

12. Q: Are you or have you ever been associated with any type of outlaw biker club or anti-government organization?

A.

By signing this document, I am agreeing to a background investigation for security clearance purposes. I am acknowledging I have answered the above questions honestly and accurately. I understand and acknowledge that any discovered falsification, omission, or misrepresentation may result in disqualification from the Valley County Search and Rescue Volunteer position. Approval is based upon various factors; final approval is the sole discretion of the Valley County Search and Rescue Board of Directors.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPLICANT INFORMATION

PRINT NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	
MAILING ADDRESS		SOCIAL SECURITY NO.                      STATE ISSUED	
PLACE OF BIRTH		DRIVERS LICENSE NUMBER	
LIST ANY OTHER NAMES EVER USED (INCLUDING MAIDEN OR ALIAS NAMES):		COMPANY OR ORGANIZATION NAME:	
LIST ALL THE CITIES AND STATES YOU HAVE EVER LIVED IN:			
WORK. PHONE#	CELL PHONE#	HOME PHONE#	EMAIL ADDRESS
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
ARE YOU A CITIZEN OF THE UNITED STATES?      ___Yes___No			
ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>HAVE YOU <b>EVER</b> RECEIVED ANY INFRACTION CITATIONS?      YES      NO</p> <p><b>PROVIDE DETAILS OF ALL CHARGE(S), DISPOSITION(S), DISPOSITION DATES &amp; LOCATIONS:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

## PERSONAL REFERENCES

Provide full and correct mailing addresses and contact information for at least two (2) personal references that you have known for five (5) years. List only persons we may contact. References will be contacted. Do not include anyone related to you or previous employers.

Name		Years Known	Cell Phone _____
Occupation			Work Ph.
Full Mailing Address			Relationship
City	State	Zip Code	

  

Name		Years Known	Cell Phone
Occupation			Work Ph.
Full Mailing Address			Relationship
City	State	Zip Code	

  

Name		Years Known	Cell Phone
Occupation			Work Ph.
Full Mailing Address			Relationship
City	State	Zip Code	

## RELEASE OF INFORMATION WAIVER

As an applicant for a volunteer position with Valley County Search and Rescue, I, \_\_\_\_\_, am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including but not limited to; information of a confidential or privileged nature, any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement of court proceeding involving disciplinary matters, any and all law enforcement records held by any agency or any peace officers standards and training in any state.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under Idaho Code and therefore subject to discovery or disclosure only pursuant to a noticed motion under Idaho Code. By signing authorization, I hereby waive any and all rights to have any record(S) or information contained therein discovered or disclosed only by a noticed motion pursuant to Idaho Code and hereby authorize the disclosure of all records to which, as an employee, the undersigned would or did have access.

I understand that I will not receive and am not entitled to know the contents of the confidential reports received and I further understand that these reports are privileged.

This release is activated as of the date of signing this document.

I hereby release, discharge, exonerate the Valley County Sheriff's Office, Human Resources, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, representatives, heirs and assigns.

A photocopy or facsimile of this release is to be considered as valid as an original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, (yr.) \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission expires