





LANDSAR

8774 Constable Drive ~ PO Box 153 ~ Alexandria, KY 41001 ~ 859-547-3152 LandSAR@campbellcountyky.gov

MEMBERSHIP APPLICATION

Date: _____ First name: _____ Last name: _____ Date of Birth: ______ Sex: Male: ____ Female: ____ SSN: ____-___-Address Street: City: _____ State: ____ Zip Code: ____ Phone numbers (with area codes) Home: _____ Cell: _____ Work: Relationship: Emergency contact name: Secondary phone number: Phone number: _____ Do you have a valid driver's license: (State) Driver license number: Are you able to respond to emergencies during work hours: If any what hours are you **unable** to respond to emergencies: _____ Please list any training you have that may be helpful in Search & Rescue: What areas of Search & Rescue are you interested in: Man tracking ___ ATV SAR: ____ Horse Back: ____ Ground Pounder: __ Are you a member of any Emergency Services organization? ____Yes ____No (If yes please list): Have you ever been a member of any Emergency Services organization? Yes No (If yes please list):



I hereby authorize the Campbell County Office of Emergency Management to conduct a Kentucky Criminal Background Check pertaining to any records regarding Arrests, Criminal Charges and Traffic Offenses.

Do we have permission to perform a background check on you: Yes_____ No____

(Information will be kept in your personnel file and confidential)

Participating in Search & Rescue activities can be dangerous and very mentally and physically stressful. Please reflect on and consider your mental and physical capabilities when choosing an area of interest in the Search & Rescue industry. By signing this application you are stating that the information you have provided is current and accurate to the best of your knowledge. Campbell County LANDSAR is a Division of the Campbell County Office of Emergency Management (OEM/EMA), applying does not guarantee membership. If information on this application proves to be fraudulent your membership may be terminated at any time. Below is a list of signatures to ensure that you have been given and read all the required information for the application process. The information is given to you to ensure you understand what the expectations of this organization are, and also that you understand the risks involved with Search & Rescue. Please take time to read and understand this information, and ask any questions you may have before signing this application. Thank you for applying.

Application Information accuracy signature:	Date:
I reviewed the LANDSAR SOG Manual :	Date:
Workers Compensation Enrollment :	Date:
AOC Background Check Authorization :	Date:



CAMPBELL L

William Turner CC OEM/EMA Director James E. Sparks (Jamie)
CC OEM/EMA Deputy Director of
Operations and Search & Rescue
(SAR) Coordinator

