

YAKIMA COUNTY SHERIFF'S OFFICE  
KEN IRWIN, Sheriff

P.O. Box 1388 Yakima, Washington 98907    PHONE: (509) 574-2500    Toll Free: 1-800-572-0490

***Search and Rescue Program Application***

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Names you have gone by: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physical Description:

Date of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Background Information:**

Any driving restrictions?: \_\_\_\_\_

Any driving endorsements?: \_\_\_\_\_

Have you ever been convicted of a felony?: \_\_\_\_\_

Do you have any physical or medical limitations?: \_\_\_\_\_

This will not preclude you from participating on SAR missions.

Describe your availability to respond to Search and Rescue missions at odd hours: \_\_\_\_\_

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

Training and Experience:

Explain any Search and Rescue related training or experience. Please provide documentation if available:

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

Please list any specialized training or experience. Include any experience in the medical field, military, Forest Service, Emergency Services, Climbing, extended hiking, etc.: \_\_\_\_\_

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Please list any equipment (4x4, snowmobile, etc.) or talent (computer programmer, electrician, locksmith, mechanic, etc.) that you have and are willing to assist the Search and Rescue Program with.:

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Please understand, by signing this application the Yakima County Sheriff's Office will be making inquiries into your background, criminal history, and driving records.

I certify that to the best of my knowledge the above information is true and correct.

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

Explorer Program:

Please indicate if you are applying for our Explorer Post: \_\_\_\_\_

If you are under 18 years of age, please have your parent or guardian sign below.

By signing for my son or daughter I understand he or she will be required to attend the Basic Training Academy and commit time and resources to the Search and Rescue Program in Yakima County. I also understand a background check will be completed by the Sheriff's Office.

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

Parent or Guardian of: \_\_\_\_\_

**Please return this application to:**

**Yakima County Sheriff's Office  
128 North 2nd Street**

**or mail to:**

**Yakima County Sheriff's Office  
Yakima County Search and Rescue  
P.O. Box 1388 Yakima, WA 98907**

For Official Use Only:

Spillman Information: \_\_\_\_\_

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

NCIC III/WASIC : \_\_\_\_\_

Drivers Check : \_\_\_\_\_

Abstract of Driving Record: \_\_\_\_\_