



Long Island Search and Rescue

PO Box 75
Laurel, NY 11948
Phone: 631-398-5343
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E-mail: contact@lik9sar.org



Dear Applicant,

Long Island Search and Rescue, is a not-for-profit organization dedicated to the pursuit of saving lives. We are not paid for our services and there are personal expenses involved in our profession. Our primary service areas are Suffolk and Nassau counties, although we may respond elsewhere if needed.

Training is generally held once a week, within our area. All drills and call outs are voluntary, but recommended.

The first step in the application process is to fill out this application, which includes a background investigation release, a medical clearance form and a waiver of liability. Please give complete answers to the questions and utilize a separate sheet, if necessary. Due to the sensitive nature of search and rescue work, it is important for us to insure the character and integrity of each applicant. Your physical fitness level will partially determine which job positions you are capable of, so please be sure to thoroughly explain any limitations or special abilities you might have.

Again, thank you for your interest in Long Island Search and Rescue.

Long Island Search and Rescue.
Executive Board



That other's may live...

Applicant information

Name (last, first, MI): _____

Street address: _____

City, state, zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Alt phone: _____ Alt phone: _____

E-mail: _____ E-mail: _____

Training and education (Please provide copies of awards, certificates, etc.)

High school graduate? (equiv) (Y / N) College? (Y / N) Degree: _____

Technical / Certified training: (EMT, CFR, police, fire, military, trade, etc.)

Licenses: (Pilot, firearm, drivers', amateur radio, etc.)

Employment

Position: _____

Employer name: _____

Employer address: _____

Employer address: _____

Phone number: _____

Supervisor's name: _____

Medical and personal history (Please explain on a separate sheet, if necessary.)

Have you ever been convicted of a crime? _____

List any physical limitations: _____

List any medications which might affect your performance: _____

List all chronic illness / injuries: _____

Have you been exposed/tested positive for any communicable diseases? _____

(TB, HIV, hepatitis, etc.)

Blood type: _____ Allergies: _____

Emergency contact: _____

Address: _____

Phone numbers: _____

Emergency contact: _____

I authorize investigation of all statements contained in this application and understand that misrepresentations or omission of facts is cause for refusal of membership or termination of membership in Long Island Search and Rescue, Inc.

Date: _____

Signature: _____

WAIVER

"I hereby apply for acceptance as a volunteer with Long Island Search and Rescue.

"I understand that in doing so I may be asked to participate in training and/or search and/or rescue incidents and/or tasks (hereinafter even in the world to serve in a potentially dangerous, chaotic, life-threatening situation wherein my personal safety cannot be guaranteed. I understand that I am subjecting myself to situations that may encompass a variety of natural and manmade disasters and/or events in which I may be subjected to injury or death. I understand that these situations may lack proper water, food, shelter, sanitation and medical care. I further understand that I may be exposed to death or disability caused by diseases, direct and indirect assault by humans and wild beasts, attacks by venomous creatures, environmental hazards (including but not limited to fires, high temperatures, flash floods, swift water, mud slides, landslides, rock slides, tsunamis, storms, snowstorms, bitterly cold temperatures, tornadoes, high winds, lightning strikes, hazardous plant life, etc.), electrical shock, serious falls, hazardous terrain, and injury or death from a technical rescue system failure. I understand that all the modes of transportation available to me pose a risk both at the event and transportation to and from the event. I understand that I may be subject to unusual emotional and psychological stress that may occur at the incident or long after the incident. I further understand that any appointment of a safety officer or other officer responsible for my safety or the creation of a safety rule or regulation shall not be construed to be an indication that the Association is liable for my personal injury or death. Accordingly, I also realize that I may refuse any event for any reason and I may refuse, alter, or abort any task when I feel I have received an inadequate briefing, inadequate training, inadequate sleep, possess inadequate physical strength, or do not feel that the event is safe. Finally, I realize that the information available to those briefing me may be incorrect or inadequate.

"I understand LISAR will not provide insurance for me of any sort, whether disability, accident, medical, life or any other form of insurance. I understand that I will receive no pay for my services and may not receive reimbursement for my out-of-pocket expenses.

"Nevertheless, I willingly volunteer to engage in such hazardous activities under often difficult conditions knowing that I may be exposed to life-threatening situations." As a consequence and in consideration of the privilege of training and participation with LISAR, I hereby assume and accept the above mentioned risks, and will hold LISAR harmless from any and all liability, actions, causes of actions, deaths, claims, demands of events of any nature whatsoever, whether in tort in contract or in any other legal theory, which may arise from or in connection with my participation as a volunteer with LISAR. In doing so I similarly release the officers, directors, agents and membership of LISAR. The terms of this release shall serve as a full and complete release and assumption of risks for my heirs, executor and administrators and for all those dependent upon me.

"I state that I am of legal age and competence according to the laws of the jurisdiction in which I reside and certify that I have read and understand the above. If I am married, my spouse joins in this release as evidenced by my spouse's signature below. If I am a minor my parent or legal guardian joins in this release as evidenced by the signature below."

Applicants Signature

Date

Print or type name

Notary (Signature / Stamp)

Date

Print or type name

This form MUST be notarized

Disclosure and Release

Name (Last, First, MI): _____

Street address: _____

City, State, zip: _____

Social Security number: _____ DOB¹: _____

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report² and/or investigative consumer report³ may be made in connection with my application for employment with Long Island Search and Rescue (including contract for services.) I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that Long Island k9 Search and Rescue. may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Long Island Search and Rescue, Inc. to furnish the above mentioned information.

A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify Long Island Search and Rescue, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

The authorization granted herein expires one year from the date hereof.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Applicant's signature: _____

Date: _____

If you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request

Long Island Search and Rescue

Medical Fitness Report *(To be filled out by MD, PA or NP only.)*

Full name: _____ DOB: _____

Medical Professional:

The person named above has applied for membership with Long Island Search and Rescue, Inc. Some physical and mental requirements include vigorous walking for long periods of time and control of emotions while working under stressful conditions.

We at Long Island Search and Rescue, Inc. need to be reasonably certain of the health of prospective members for their safety and the safety of the team. We thank you for your evaluation of the above named applicant.

Respectfully,

Long Island Search and Rescue, Inc.

Please complete the following:

Height: _____ Weight: _____ B / P: _____ Heart Rate: _____

Any illness, disease or chronic conditions of the applicant: _____

(Use a separate sheet if necessary)

Does the applicant have any physical limitations: _____

(Use a separate sheet if necessary)

Do you have any reason to believe the applicant is not capable of hiking in woodland areas with a moderately weighted backpack? *(If so, please explain.)* _____

Do you have any reason to believe the applicant is not capable of working in a clerical position? *(If so, please explain.)* _____

Print or type name of Medical Professional: _____

Telephone: _____ Date: _____