

## **Albany County Sheriff's Search and Rescue**

Thank you for your interest in joining Albany County Sheriff's Search & Rescue (or ACSSAR, for short). Our organization is one of the oldest in the state, with search activities documented as far back as 1952, when we were known as the Sheriff's Posse. Our organization has grown and changed considerably since then, but the volunteer spirit is still alive and well in our community!

The Albany County Sheriff's Office (SO) relies on our membership to assist with (a rough estimate of) 10-20 calls per year; night or day, rain or shine. In order to fill this need with qualified and capable personnel, ACSSAR has a systematic process to become a member. Below, you will find step by step instructions for how to begin this process. After a payment and completed application have been received by the Officer Team and Board of Directors (either by mail or in person, see steps 1-3), you will be considered a candidate member! If there are questions about your application, it will be brought to your attention. Otherwise, please come to a meeting and introduce yourself, and feel free to begin your training (step 4).

Rest assured, there is a place for you in our ranks regardless of your previous experience or knowledge; we welcome beginners and experts alike! ACSSAR is structured so that members may earn their way to varying levels in our organization based on merit and participation. Members are also required to maintain a minimum set of skills and certifications, and attend at least six monthly meetings/trainings per year to keep their membership active. Many of the required trainings are offered at no additional cost to you in order to maintain our minimum standards.

Please understand that joining ACSSAR does require a serious commitment both in time, money, and other resources based on your willingness and availability. A substantial amount of gear is required in order to be assigned to field operations. Once you are verified as a member, you will be asked to provide a pack for inspection by an Officer or Board member. A gear list will be provided to you upon request, but is also available on our website.

If you apply and come to decide that ACSSAR is not a good fit for you, or that you will be leaving Albany County, please send a Board member or Officer a quick email. You are always welcome to re-apply if your circumstances change!

-ACSSAR Board of Directors

**Directions for application to join Albany County Search and Rescue**

1. Complete the application form, the last 3 pages are the same, please sign and date all 3 copies. The Sheriff's Office will complete the "To" line on each of the 3 forms.
2. Mail the completed form to Albany County Sheriff's Search and Rescue – Membership, PO Box 2140, Laramie WY 82073, or bring it to a meeting.
3. Include a \$25.00 check made out to Albany County Sheriff's Search & Rescue, This fee will be refunded if you are not accepted, and we use it to cover the fee for your team shirt, patches, and stocking cap.
4. During the candidacy period, you must be able to prove and/or complete the following training requirements or equivalents as determined by the Board of Directors to earn/maintain an active general member status:
  - Current Professional Rescuer CPR/First Aid certification (or AHA BLS Provider) or greater (First-Responder, EMT, Paramedic, etc., renewed as required by certifying authority)
  - Crime Scene Management (renewed annually through ACSSAR or equivalent authority)
  - IS-700.a NIMS (National Incident Management System) Course
  - ACSSAR New Member Orientation
  - Attend a minimum of 6 monthly meetings/trainings
  - Giving back to the organization (Service Requirement)

\*To maintain an active field member status you must additionally complete a verification of your search pack contents by an Officer or Board member.

Application for Membership to Albany County  
Sheriff's Search and Rescue

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

Age: \_\_\_\_\_ Sex: Male / Female

Contact Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

\_\_\_\_\_

Name of emergency contact person: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Describe any skills or experience that you believe you have that would be important in search and rescue operations. Include any special training or past experience on other SAR teams; also include contact information for previous SAR teams if possible. (use the back if required)

What activities do you do for fun?

- |   |   |
|---|---|
| <input type="checkbox"/> Hunting              | <input type="checkbox"/> Rock Climbing                            |
| <input type="checkbox"/> Fishing              | <input type="checkbox"/> Mountaineering                           |
| <input type="checkbox"/> Hiking               | <input type="checkbox"/> Ice Climbing                             |
| <input type="checkbox"/> Mountain Biking      | <input type="checkbox"/> White Water Rafting/Kayaking             |
| <input type="checkbox"/> Road Biking          | <input type="checkbox"/> Orienteering/Geo-caching                 |
| <input type="checkbox"/> Camping              | <input type="checkbox"/> Horseback Riding                         |
| <input type="checkbox"/> Backpacking          | <input type="checkbox"/> 4-Wheeling/Dirt Biking                   |
| <input type="checkbox"/> Snowshoeing          | <input type="checkbox"/> Wildlife photography                     |
| <input type="checkbox"/> Snowmobiling         | <input type="checkbox"/> Flatwater sports (ex:<br>paddleboarding) |
| <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> OTHER (please specify):                  |
| <input type="checkbox"/> Alpine Skiing        |   |

How long have you lived in Albany County or the surrounding area: \_\_\_\_\_

How long are you planning to stay in Albany County or surrounding area? \_\_\_\_\_

Does your family know that you have applied to volunteer with ACSSAR? \_\_\_\_\_

Does your employer know that you have applied to volunteer with ACSSAR? \_\_\_\_\_

Would your employer support taking time off work (especially on short notice) to volunteer or search and rescue operations? \_\_\_\_\_

Rate your physical fitness (1 = lowest, 10 = highest): 1 2 3 4 5 6 7 8 9 10

Do you have any medical conditions that might affect your ability to perform search operations in the field?

**Information for the Albany County Sheriff's Office to Complete a Background Check**

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_

SOCIAL SECURITY # (optional) \_\_\_\_\_ (if left off, may delay approval)

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOW LONG THERE \_\_\_\_\_ LOCAL PHONE # \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

HOW LONG THERE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

HAVE YOU SERVED IN THE MILITARY \_\_\_\_\_ YEARS \_\_\_\_\_

BRANCH \_\_\_\_\_ RANK \_\_\_\_\_

DISCHARGE: Honorable / Dishonorable / Other \_\_\_\_\_

SOCIAL MEDIA ACCOUNT/HANDLES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AFFIDAVIT

**Please read each statement carefully before signing!**

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration with Albany County Sheriff's Search and Rescue and may result in my dismissal if discovered at any later date.

I understand that the Albany County Sheriff's Office may conduct an extensive and thorough background investigation for Albany County Sheriff's Search and Rescue.

I authorize the investigation of any or all statements contained in this application.

I understand that this application does not create a contract or guarantee I will be accepted onto Albany County Sheriff's Search and Rescue for any definite period of time.

I understand that I release the State of Wyoming, the County of Albany, the City of Laramie or any private party involved, including Albany County Sheriff's Search and Rescue, from any claims and liability.

I further certify that I am aware of and understand the instructions, conditions, and other information provided in this document.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only

- |   |  |
|---|--|
| <input type="checkbox"/> Recommended                | <input type="checkbox"/> Criminal History Exists |
| <input type="checkbox"/> Not Recommended            | <input type="checkbox"/> Serious                 |
| <input type="checkbox"/> No Criminal History Exists | <input type="checkbox"/> Not Serious             |

**Albany County Sheriff's Office  
Personal Inquiry Waiver**

To: \_\_\_\_\_

I respectfully request and authorize you to furnish the Albany County Sheriff's Office any and all information that you may have concerning me, my work record, my reputation, my financial and credit status, including all information of a confidential or privileged nature and photocopies of same requested. This information is to be used to assist the Albany County Sheriff's Office in determining my qualifications and fitness for the position I am seeking with Albany County Sheriff's Search and Rescue.

I hereby release you, your organization or others from any liability or damage that may result from furnishing the information requested above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Note: This form may be retained in your files.

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