**Membership Application**

### esar logo Elkhorn Search & Rescue

# PO Box 342, 4 Railroad Way, Clancy, MT 59634

## Name: Date:

Address:

Primary Phone: Work Phone:

Email:

DOB:

Occupation: Employer:

Employer Address:

Number of Years in Jefferson County:

Nearest Relative: Relationship:

Address: Phone:

Will employer release you for Search and Rescue missions?

Please list any equipment or specialized skills you may have:

Do you have current insurance on vehicle(s) you will use on ESAR missions and activities?

Signature Date

**Member Release Form**

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I, , hereby authorize the Jefferson County Sheriff’s Department to conduct a background investigation for any criminal history or other information concerning my moral character.

I hereby release the Jefferson County Sheriff’s Department from any liability for any damage that may result from this investigation.

## Date: Signature:

Print Full Name:

Current Address:

Date of Birth: