

Snow Alley Search and Recovery

Membership Application

Dear Applicant,

Snow Alley Search and Recovery is a select group of volunteers that are members of a 501(c) 3 non-profit team supporting local, regional and state Law Enforcement and Emergency Service Management with search capabilities for lost, missing and deceased humans through the use of Ground Searchers and Canine teams. Our members are highly trained and specialized and we are selective in our member choices.

We are pleased that you have expressed an interest in joining our team. Our process is simple. You will need to fill out the application below and submit it to an officer along with a letter of interest from you explaining why you would be an asset to our team, a check made payable to Snow Alley Search and Recovery for your background check, your medical insurance card, a copy of your current driver's license and vehicle insurance, and the completed Non-Disclosure Agreement. Your application and letter will be reviewed by the board; we will request a background check from you. You will be notified of your application decision in writing. If your application/background check is not approved, your driver's license and insurance information will be destroyed.

Search and recovery is a large time commitment and we want you to be sure you can meet our requirements. In addition, training strategies and technology change so our training is ever-changing and updating. Upon acceptance, you will have one year as a probationary member to achieve the team current training requirements for your specific position. At that year end, the Board of Directors will review your achievements and training history and you may become a full member.

We do take in to consideration your past experiences and certifications so you will want to be sure you include your resume along with certification copies.

Please use black ink to fill out the application packet and make sure to sign it.

We look forward to meeting you!

Snow Alley Search and Recovery

Snow Alley Search and Recovery

Application Checklist

All Applicants:

I have enclosed:

- My application and a \$20 check for my background check (payable to Snow Alley)
- My letter of intent/interest
- My driver's license copy
- My medical insurance card copy
- My current vaccination dates (Tetanus, Hep A, Hep B)
- My current vehicle insurance copy
- My certifications/courses already taken (if any)
- Snow Alley Search and Recovery Nondisclosure Agreement

Canine Applicants: (in addition to above)

- Canine vaccination records

Snow Alley Search and Recovery

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address (Street, City, State, Zip): _____

Home Phone: _____ Business Phone: _____

Email Address:

Cellular Telephone: _____ Cellular Company: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Address (Street, City, State, Zip):

Emergency Contact Home Telephone: _____

Emergency Contact Cellular Phone: _____

Emergency Contact Work Phone: _____

Physical Fitness:

Do you smoke? _____

Describe your physical fitness:

Are there any circumstances that limit your abilities to perform in the capacity applied for?

Canine Experience:

Do you have any experience with dogs? Yes No Years of Experience _____

Where did you receive your dog experience? _____

What kind of dog experience?

What dog breeds have you handled?

How many "working/service dogs" have you handled or certified? _____

Canine Information: (How many dogs are you listing on your application?)

Do you have a dog now? Yes No if yes, how many total dogs do you have? _____

Breed _____ Gender _____ Age _____

Name of Dog _____ Neutered/Spayed: Yes No

Brand/Type of food you feed: _____

Does your dog have any special training or certifications?

How would you describe the personality of your dog?

Have you ever received any complaints (either verbal or written) about your dog's behavior? If so please provide the details.

Has the dog ever shown any aggression toward strangers, children or other dogs? Is so, please provide the details.

Canine Care – Logistics

Is your dog comfortable in a kennel for extended periods of time? Yes No

Does your dog travel well in a vehicle? Yes No

Is your dog current on vaccinations? Yes No

Is your dog on heartworm preventative? Yes No

Canine Support – Veterinary Care

Veterinarian Name, Address and Telephone:

How long have you used this veterinarian? _____

Canine Support – Family /Employer

How many people live in your residence? _____

How do they feel about your involvement as a K9 Handler?

Do they understand a working canine is not pet and special rules apply to a working canine?

How does your employer/agency/organization feel about your involvement in Search and rescue?

How will time away from work be accepted if deployed?

How much time do you expect will be needed to care for and train the canine on a monthly basis?

How much money do you expect will be needed to care for the canine on a monthly basis?

Canine Motivation

Explain in detail what you think is involved in being a K9 handler and what motivates you to do this and your reason for wanting to be a K9 handler.

Canine Flanker Position

Explain your management style and canine experience, and why you think you would be a good K9 flanker. This should include your organizational skills, leadership characteristics, conflict resolution abilities, motivating people and canines, etc. Also include any previous experience in a support position and your roles and responsibilities.

Ground Search Technician

How many people live in your residence? _____

How do they feel about your involvement as a Ground Search technician?

How does your employer/agency/organization feel about your involvement in Search and rescue?

How will time away from work be accepted if deployed?

How much time do you expect will be needed to care for and train on a monthly basis?

How much money do you expect will be needed to train on a monthly basis and attend seminars?

Ground Search Motivation

Explain in detail what you think is involved in being a Ground Search Technician and what motivates you to do this and your reason for wanting to be a K9 handler.

Support Staff/Medical/Communications/Logistics

How many people live in your residence? _____

How do they feel about your involvement as support staff on a Search and Rescue team?

How does your employer/agency/organization feel about your involvement in Search and rescue?

How will time away from work be accepted if deployed?

How much time do you expect will be needed to care for and train on a monthly basis?

How much money do you expect will be needed to train on a monthly basis and attend seminars?

Are you comfortable working with dogs?

Snow Alley Search and Recovery

Nondisclosure and Security of Information Agreement

Referenced Activities(s): Any and all documents, training manuals, background checks, correspondence, meetings, discussions, training and/or search activities for lost or missing persons and/or human remains under the auspices of Snow Alley Search and Recovery and Snow Alley Search and Recovery standards and expectations

I, _____, hereby acknowledge that missing person's searches and human remains detection are the purview of law enforcement for investigation, and that as a member of Snow Alley Search and Recovery (SASAR), I will have access to information that will be considered Law Enforcement Sensitive (LES) by any local, state and national jurisdiction that SASAR may be called upon to assist. Any and all information relating to assignments under the SASAR is sensitive, privileged and confidential and may pertain to active criminal investigations.

Therefore, by signing below, I indicate my understanding and agreement that prior to any disclosure, publication, public release or sharing of information obtained which is related to or contained in whole or in part within related SASAR activities, and any documents, resources, contacts, databases, photos or any portion of plans or their annexes and appendices, I must obtain permission from the Board of Directors of SASAR, the State Department of Homeland Security, Department of Homeland Security or any and all local law enforcement agencies or Emergency Management offices within whose jurisdiction SASAR is called to assist.

My signature below also certifies that by having access to information regarding active criminal investigations and/or human remains detection and recovery related to an emergency, disaster or lost person search, and access to confidential information related to actions under the auspices of SASAR, I acknowledge that I will not seek nor gain personal benefit from information entrusted to me.

SASAR Member

Signed: _____ Printed Name: _____

Date: _____

WITNESS

Signed: _____ Printed Name: _____

Date: _____