



**BENTON COUNTY SHERIFF'S OFFICE**  
***Emergency Management, Search & Rescue Division and***  
**The Oregon State Sheriff's Association present:**  
**2010 Basic Search and Rescue Certification Course**

The Benton County Sheriff's Office and the Benton County Search and Rescue Council will co-sponsor a 90-hour, Basic Search and Rescue Certification class beginning March 3, 2010. The course is open to all persons age 14 and over, and includes map and compass training, shelter and fire building, tracking, and a number of other search and rescue-related subjects. A \$75.00 fee covers the cost of books and course materials. Checks should be made payable to Benton County Emergency Management. **Only paid registrants will be guaranteed a seat on a first-paid, first-accepted basis.**

To register: read, complete and sign the form below and mail or deliver it with your pre-payment to:

**Benton County Sheriff's Office, Emergency Management Division**  
**180 NW 5th Street, Corvallis, OR 97330**  
**541.766.6864, 541.766.6052 fax**

**IMPORTANT NOTE:** Because of the sensitive nature of some of the information, experiences and access involved with the Basic SAR Course, all course applicants will be subject to a criminal background check and may be excluded from course participation based upon any adverse results of the inquiry. Applicant and parent/guardian (for persons under 18) signatures indicates your willingness and consent to submit to background check for this course. Results are confidential.

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**2010 BASIC SAR CERTIFICATION COURSE**

SAR affiliation(s):  ARES  CMRU  MPSAR  POSSE  NWSD Other: \_\_\_\_\_

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

Other names used: \_\_\_\_\_ Previous States of Residence (last 10 yrs): \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ All states in which you have held driver's licenses: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**I HEREBY CONSENT TO USE OF THE ABOVE INFORMATION TO CONDUCT A CRIMINAL BACKGROUND INVESTIGATION. I CERTIFY THAT THE INFORMATION SET FORTH IN MY APPLICATION IS COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

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

Parent/Guardian Signature (if under 18 years of age): \_\_\_\_\_

**OVER**

