



# Benton County Sheriff's Office

Scott Jackson, Sheriff

## Emergency Management/Search & Rescue

180 NW 5th Street, Corvallis, OR 97330

541.766.6864 FAX 541.766.6011

State Accredited since 2009



## 2018 OSSA Basic Search and Rescue Certification Course Application

The Benton County Sheriff's Office SAR academy provides you with an opportunity to learn many skills and to become certified to be deployable on mission's if you join one of our units.

**Schedule:** Classes are scheduled for March 1<sup>st</sup> through April 29<sup>th</sup>, every Thursday night 6:00-9:00pm and Saturdays 8:00am – ~2:00pm. The required overnighiter to graduate is April 28<sup>th</sup> & 29<sup>th</sup>.. Graduation party later in May or June.

**Attendance:** It is mandatory to attend most all classes in order to graduate.

**Minors:** The academy is geared toward adults. Applicants under 18 years-of-age must have a consent form signed by a parent or legal guardian and must be accompanied by a parent or legal guardian during all classes.

**Fee:** A \$100.00 fee covers the cost of books and course materials. Checks should be made payable to Benton County Emergency Services.

**Deadline:** Registration deadline is February 12<sup>th</sup> and only paid registrants will be guaranteed a seat on a first-paid, first-accepted basis. Space is limited so get your application in early!

**Prerequisites:** If accepted to the class, you will be required to complete two online courses for the Incident Command System ICS 100 & 700, **PRIOR** to the start of the Academy: <http://training.fema.gov/IS/NIMS.aspx>

**To Apply:** Read, complete and sign this form and return with your pre-payment to:  
BCSO Emergency Services, ATTN: Lacey Duncan, 180 NW 5th Street, Corvallis, OR 97330.  
If you have any questions email [lacey.duncan@co.benton.or.us](mailto:lacey.duncan@co.benton.or.us) or call 541-766-0137.

Full Legal Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

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

Cell # & Carrier: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

All States you had a driver's licenses: \_\_\_\_\_ Previous States of residence (last 10 yrs): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Are you currently affiliated with a SAR unit?  No  ARES  CMRU  MPSAR  POSSE  R3K9  SKYSAR

Are you applying with a family member or friend?  No  Yes, if yes, who? \_\_\_\_\_

Have you ever been charged/convicted of a crime?  Yes  No If yes explain: \_\_\_\_\_

DUTY ♦ HONOR ♦ COURAGE

Briefly describe why you want to take the SAR academy course and any previous SAR experience if you have any:

---

---

---

Please check off any activity in which you are skilled.

1. Current Medical Training:  Doctor  RN  EMT-B  EMT-I  EMT-P  Wilderness First Aid  
 First Responder  First Aid  CPR  Medical Instructor
2. Mountain Rescue:  Rock Climbing  Rope Rescue Systems  Mountaineering  Glacier Travel  
 Cave Rescue
3. Water Rescue:  Dive  Swift Water  Ice Rescue
4. Land Navigation Skills:  Map & Compass  GPS  HAM Radio License  Tracking
5. Incident Management Team:  Planning  Operations  Logistics  Communications
6. Other Rescue Specialties:  Canine  Equine  Mountain Bike  ATV  Wildland Firefighting  
 Air Operations  Other? \_\_\_\_\_
7. Other expertise or certificates you have which might be an asset to this program.

---

**PROGRAM WAIVER:**

Please initial next to each line to indicate you have read and understand the waiver. Then sign below and return by the application deadline.

\_\_\_\_\_ 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. Results are confidential. 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.

\_\_\_\_\_ I give my full permission to the Benton County Sheriff's Office to use any photographs or videotapes of me participating in the SAR Academy to advertise or promote the SAR Academy and the Sheriff's Office.

\_\_\_\_\_ While I understand that the Sheriff's Office will take all prudent safety measures in conducting practical activities, I understand that there are always potential hazards. I therefore forever waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or related to my participation in this course.

\_\_\_\_\_ In the event of an accident, illness or other incapacity I assume and will pay my own medical and emergency expenses regardless of whether I authorized such expenses.

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

**Parent/Guardian Signature (if under 21 years of age):** \_\_\_\_\_