

Today's Date:	
---------------	--

**Personal Information**

First Name:	
Middle Name:	
Last Name:	

Please Select Primary and Secondary Phone

Home Phone Number:		Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Cell Phone Number:		Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Cell Phone Provider (AT&T, Verizon, etc.):			
Email Address:			

Street Address:	
City:	
State:	
Zip Code:	
County:	
Number of years at Current Address:	

Gender:	
Height:	
Weight:	
Hair:	
Eyes:	
Date of Birth:	
Driver's License Number:	
License Expiration Date:	
Social Security Number:	
Blood Type:	
City & State of Birth:	

**Emergency Contact**

Name:	
Relationship:	
Address:	
Phone Number:	
Any Special Instructions:	

**Second Emergency Contact**

Name:	
Relationship:	
Address:	
Phone Number:	
Any Special Instructions:	



# Volunteer Application

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

Department Interested in Volunteering, If Known: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

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

Are you under 18 years of age? \_\_\_\_\_

Have you ever been convicted of a crime? If so, for what and when? \_\_\_\_\_

Are you related by blood or marriage to any person presently employed by the County of Nevada? If yes, give name, relationship and department in which employed: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ College / Prof Degree: \_\_\_\_\_

Do you speak a second language? If so, which language? \_\_\_\_\_

What type of volunteer work are you interested in doing for the County? \_\_\_\_\_

Briefly describe your education and experience in work or volunteer settings.

Describe your skills (typing, computer, other) \_\_\_\_\_

**NEVADA COUNTY  
SHERIFF'S OFFICE**



**SHANNAN MOON**  
SHERIFF / CORONER PUBLIC  
ADMINISTRATOR

## Nevada County Sheriff's Search and Rescue New Applicant Checklist

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

Last

First

Middle

- ☐ Fill Out Volunteer Application  
☐ NCSSAR New Member Information  
Date Application Accepted: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Background Checks

- ☐ Turned In Packet to Personnel  
☐ Run Local Check  
☐ Check 27 / 29 Information  
☐ Livescan  
☐ Photographs

Accepted ☐ Denied ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NCSSAR Interview

- ☐ Schedule Interview  
Date of Interview: \_\_\_\_\_  
☐ Sign OES form (Disaster Service Worker)

Accepted ☐ Denied ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Board Approval Process

Date of Review: \_\_\_\_\_

Accepted ☐ Denied ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NCSSAR Coordinator

- ☐ Notify Applicant  
Date of Notification: \_\_\_\_\_  
☐ ID Card Provided to Member  
NCSO Coordinator: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Information Checklist

**Cleared  
Fingerprinting Prior  
to Working**



**Check**

Name \_\_\_\_\_

Department: \_\_\_\_\_

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

Origin/Reason for volunteering \_\_\_\_\_

**Required paperwork the Human Resources Department needs prior to or on Volunteer's first day.**

\_\_\_\_\_ Copy of driver's license

\_\_\_\_\_ Copy of Social Security Card or birth certificate

\_\_\_\_\_ Volunteer Acknowledgement

\_\_\_\_\_ Volunteer Application

\_\_\_\_\_ Sexual Harassment Brochure    Date Volunteer Received: \_\_\_\_\_

\_\_\_\_\_ Sexual Harassment Notification Sign Off form

\_\_\_\_\_ Facts about Workers' Compensation Brochure    Date Volunteer Received: \_\_\_\_\_

\_\_\_\_\_ Injury and Illness Prevention Plan    Date Volunteer Received: \_\_\_\_\_

**If Applicable: Use of County or private vehicle on County business requires Department Head approval.**

\_\_\_\_\_ Use of Vehicles on County Business  
Read attached Ordinance 1957 - Article 14 and sign above form if driving.

\_\_\_\_\_ Driver's Agreement

**Please fill in date volunteer received and read information. Also, have the volunteer sign, print and date below.**

Drug Free Workplace Policy    Date volunteer Received: \_\_\_\_\_

**I have received, and I understand it is my responsibility to read the above document(s) to understand its content. I further understand I can contact my supervisor if I have any questions.**

*Volunteer Signature* \_\_\_\_\_

*Volunteer Print Name* \_\_\_\_\_

*Date* \_\_\_\_\_

# ACKNOWLEDGMENT

(Volunteer)

I, \_\_\_\_\_ understand and agree that I am  
volunteering my time, skills, and efforts, without expectation or right of compensation, to  
the County of Nevada for the purpose of:

Nevada County Sheriff's Office Search and Rescue Volunteer

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I hereby acknowledge that in performing the voluntary service described above I  
am **not**, nor am I acting as, an employee of the County of Nevada or any other public  
entity or agency.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

# Nevada County Sexual Harassment Notification

Employee's name \_\_\_\_\_  
Please print

Sexual harassment in the workplace violates the provisions of the Fair Employment and Housing Act, specifically the Government Code Sections 12940 (a), (h), and (i).

I have received, and I understand it is my responsibility to read the above document(s) to understand its content. I further understand I can contact my supervisor if I have any questions regarding Nevada County's brochure prohibiting sexual harassment in the workplace.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Nevada County Drug-Free Workplace Policy Notification

Employee's name \_\_\_\_\_  
Please print

I have received and read Nevada County's Drug-Free Workplace Policy, Section P-9 of the Nevada County Personnel Code, adopted by Resolution No. 07-547.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

## LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

### SHADED AREAS REQUIRED BY PROGRAM REGULATIONS

ATTACH  
PHOTOGRAPH  
HERE

**This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.**

**CLASSIFICATION:** VOLUNTEER **SPECIALTY:** SEARCH AND RESCUE

**REGISTERING AGENCY OR JURISDICTION:** NEVADA COUNTY SHERIFF'S OFFICE

**SIGNATURE OF AUTHORIZED PERSON:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**REGISTRATION DATE:** \_\_\_\_\_ **RENEWAL DATES:** N/A

**EXPIRATION DATE:** \*N/A **DSW CARD ISSUED?:** **NO?** YES? #: N/A

**PROCESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TO CENTRAL FILES:** \_\_\_\_\_

<b>NAME:</b>	<b>LAST</b>	<b>FIRST</b>	<b>MI</b>	<b>SSN:</b>	
<b>ADDRESS:</b>		<b>CITY:</b>		<b>STATE</b>	<b>ZIP:</b>
COUNTY:		HOME PHONE:		WORK PHONE:	
PAGER:		E-MAIL:		DATE OF BIRTH: (optional)	
DRIVER LICENSE NUMBER: (if applicable)		DRIVER LICENSE CLASSIFICATION: A? B? C? OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT:				EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
COMMENTS:					

### PARENT/LEGAL GUARDIAN CONSENT FOR MINOR

As the parent or legal guardian of \_\_\_\_\_, a minor, I hereby give my full consent and approval for him/her to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of him/her.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE**

### Government Code (GC) §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

### LOYALTY OATH OR AFFIRMATION (GC §3102) **If SELF-CERTIFICATION approved by ADC, official's signature and title not required.**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the

**PRINT NAME**

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_, California.

**DATE**

**City**

**COUNTY**

**SIGNATURE OF VOLUNTEER**

**DATE**

**SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH**

**TITLE**

\*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is at the discretion of the Accredited Disaster Council but not to exceed one year. (See GC §3102)



# NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE, INC.

A California Non-Profit Corporation

## EMERGENCY NOTIFICATION INFORMATION

Your assistance in completing this form is appreciated so that up-to-date records can be maintained and used in emergencies

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

\_\_\_\_\_  
Last Name First Name Home Phone

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

### IN CASE OF EMERGENCY, PLEASE NOTIFY

1. Name: \_\_\_\_\_

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

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

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

2. Name: \_\_\_\_\_

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

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

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

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Please inform the Volunteer Coordinator or the Personnel/Training Unit of any changes of address for yourself or the above names and/or phone numbers. Thank you.

VOLUNTEER SIGNATURE: \_\_\_\_\_

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**NEVADA COUNTY  
SHERIFF'S OFFICE**



**SHANNAN MOON**

SHERIFF/CORONER  
PUBLIC ADMINISTRATOR

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## **IDENTIFICATION CARD INFORMATION FORM**

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

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

Position: SAR Volunteer

Date of Retirement: N/A

Sex: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair: \_\_\_\_\_

Eyes: \_\_\_\_\_

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

CDL: \_\_\_\_\_

OSN: N/A

Blood Type: \_\_\_\_\_

Date issued / Date Qualified: \_\_\_\_\_

.....

**For Office Use Only:**

**Date Requested:**

**Card Issued: In Person / Mailed**

**Picture Updated:**

**Contact Info Updated in TMS:**



# NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE, INC.

A California Non-Profit Corporation

## New Member Information

(Please Print)

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

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

☐ Primary

☐ Secondary

Cell Phone: \_\_\_\_\_

Provider: \_\_\_\_\_

☐ Primary

☐ Secondary

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

Primary means that this is the 1<sup>st</sup> phone number to call on a search callout.

Secondary means that this will be the next phone call made to reach you



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Date of Birth Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing  
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.  
Number

(Other Identification Number)

Home  
Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI  
number:

Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



# NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE MEMBERSHIP

## The NCSSAR Interview Process

The interview shall include but is not limited to:

1. Information gathering on applicant areas of expertise, motivation, and limitations.
2. Details on requirements and expectations from the Sheriff during each phase of a volunteer's development within NCSSAR, summarized here and acknowledged via initialing each requirement:

a. **Recruit** –

\_\_\_\_\_ Attendance and satisfactory completion of all classroom sessions, homework assignments, field practice, and evaluation activities required to complete the NCSSAR Academy.

\_\_\_\_\_ Acknowledge receipt of the NCSSAR Academy Training Calendar for all required dates during this period.

\_\_\_\_\_ Students must log into NCSSAR's software to: complete their personal profiles; check the calendar for upcoming events and exercises; indicate their attendance at Academy sessions, as well as other events and exercises; and access files and resources.

\_\_\_\_\_ Recruits should attend monthly meetings, bi-monthly team trainings, and fundraisers which occur during this period.

b. **Member Year 1** – after completion of the NCSSAR Academy and becoming mission ready, members enter a 12 month probationary period.

\_\_\_\_\_ During this time, members must: attend at least 10 searches; attend at least 4 of 10 full team monthly training exercises; attend at least 6 of 15 monthly meetings (including meetings in Nevada City and in Truckee); and participate in at least 1 of 2 annual fundraisers.

\_\_\_\_\_ Acknowledge receipt of the NCSSAR Annual Calendar for all required dates in this calendar year. The schedule illustrates a typical year for NCSSAR participation.

\_\_\_\_\_ New members are encouraged to join specialty team(s) and to participate in related training.

\_\_\_\_\_ At the end of the 12 month period, the member's performance and compliance with stated guidelines and expectations will be evaluated by NCSSAR before Full Member status is granted.

c. **Full Member** – responsible for participation in ongoing training and search activities after satisfactory completion of Year 1.

\_\_\_\_\_ Members must remain current on all required certifications/qualifications.

\_\_\_\_\_ Yearly minimums have been established for participation: attend at least 10 searches each year; attend at least 4 of 10 full team monthly trainings; attend at least 6 of 15 monthly meetings (including meetings in Nevada City and in Truckee); and attend at least 1 of 2 annual fundraisers.

3. After discussion and an opportunity to review the schedule, the prospective member will sign off on their understanding of and commitment to these expectations.
4. Upon completion of a background investigation and approval by the NCSSAR Board, an applicant will be notified of his/her acceptance or rejection to NCSSAR.

# **NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE MEMBERSHIP**

## **NCSSAR Conditions and Procedures**

It is important that a clear understanding of conditions and procedures be explained to all who are considering membership with the NCSSAR Team. The interview is intended to clarify conditions and procedures which include, but are not limited to, the following list:

1. No payment will be rendered for your services, and you will furnish your personal equipment. Only in certain instances will the County be responsible for loss or damage to your equipment. Meals will be furnished whenever possible while engaged in missions. Each member should carry food and water sufficient for 24 hours.
2. While on assigned duty, you will be covered by Workman's Compensation. Voluntary service to a law enforcement agency may affect the validity of your own insurance. Whether or not the County will be civilly liable for your actions while on assigned duty will depend on individual circumstances.
3. You will be expected to respond immediately when called, regardless of time of day, unless you have a valid excuse. Habitual failure to respond, even with an excuse may result in termination.
4. The success of a SAR mission is directly related to a maximum effort offered by each member. Individual recognition, however, should not be the goal of any member. Full cooperation, along with a positive and encouraging attitude is vital whenever engaged in any SAR activity. Persons creating disharmony among other personnel (poor attitude and/or derisive behavior, and negative attitudes that affect the effectiveness of other SAR volunteers) will be grounds for dismissal.
5. No member will converse or submit to an interview with the Press or news media at any time. If questioned by any representative of the Press or family members, volunteers will refer him or her to the Nevada County SAR Coordinator or SAR Public Information Officer. Should the Press take candid photographs of a search scene, volunteers will conduct themselves in a professional manner at all times.
6. No member will converse with or interview any family member or friend of a missing person, unless assigned as an interviewer by the SAR Coordinator, or is a crisis intervention member who has been assigned by the SAR Coordinator or an Incident Commander to interview or talk to these people.
7. You will work as assigned, at the direction of the SAR Coordinator, or any other person designated as your supervisor and/or Search Manager.
8. You will be expected to serve on an assigned mission until it is completed, or your services are no longer needed.
9. Time off arrangements with your employer for SAR must be made by you. The department will not make such arrangements, nor intercede on your behalf if your employer disapproves.
10. You will conform to department standards regarding personal conduct while on duty, and in no way use your affiliation with SAR for your own benefit. Do not use NCSSAR Identification Card for personal gain.
11. You will not have peace officer powers, nor be permitted to carry firearms during your service as a volunteer member of SAR.

## NEVADA COUNTY SHERIFF'S SEARCH AND RESCUE MEMBERSHIP

12. No member or other person(s) pressed into service for Nevada County, under the appropriate process, shall coerce another or be coerced by another, to attempt any feat or perform any task which he/she is not qualified, by virtue of skill or training. Each person shall be the final judge as to their ability and the capability of their equipment. No person shall attempt a task that entails an unacceptable measure of risk. Unacceptable risk shall be defined as: Any feat of danger that fails to provide a margin of safety through a back-up system capable of aborting the attempt and retrieve the participants.
13. Members will be expected to maintain a level of physical fitness that is equal to their respected assignment. Recruits shall initially pass a physical fitness hike which at a minimum will consist of eight miles with 750 feet of elevation gain in under three hours.

*The foregoing conditions and procedures are not intended to discourage those who wish to offer assistance. Rather, they are stated as objectively as possible, so that the volunteer will fully understand the situation and its potential disadvantages, and to protect both the volunteer and the department.*

I understand and agree to comply with the expectations, conditions, and procedures contained in this document.

_____	_____	_____
Applicant Name	Applicant Signature	Date

_____	_____	_____
NCSO Coordinator Name	NCSO Coordinator Signature	Date