VENTURA COUNTY SHERIFF'S DEPARTMENT <u>APPLICATION FOR SEARCH AND RESCUE VOLUNTEER MEMBERSHIP</u>

TEAM APPLIED FOR: Administration Canine (K-9)	East Val Upper Oja Fillmore N	ai Mt.	Mounted Posse Dive (SCUBA Certified) Medical (MD, RN, EMT-P)		
TODAY'S DATE:	E-Mail Ac	E-Mail Address:			
FIRST NAME:	M:	LAST:			
DATE OF BIRTH (D.O.B.):		AGE:			
HOME ADDRESS:					
NUMBER STREET	CITY		ST	ZIP	
TELEPHONE NUMBER: HOME:		WORK:			
CA DRIVER LICENSE #:		EXP. DATE:		CLASS:	
MARITAL STATUS: MARRIED	SINGLE _	DIVORCED _	SEPARATED _	WIDOWED	
NUMBER OF CHILDREN:	AGES:				
EMPLOYER:COMPANY NAI					
COMPANY NAI	ME A	DDRESS			
LENGTH OF TIME WITH EMPLOY	ER OCCUP	PATION	WORK	HOURS	
WILL YOUR EMPLOYER WILLING	LY RELEASE YO	OU FROM WORK	FOR A CALL OUT	?	
WILL YOUR EMPLOYER PAY YOU	WHILE YOU AF	RE AWAY FROM \	WORK ON A CALL	-OUT?	
EDUCATION (HIGH SCHOOL DIPL	.OMA, DEGREE,	ETC.,):			
MEDICAL TRAINING (FIRST AID, C	CPR, EMT, ETC.	,):			
MILITARY BACKGROUND (BRANC	CH, RANK, TYPE	OF DISCHARGE):		
SPECIAL SKILLS, INTERESTS:					
HOBBIES:					
WHY DO YOU WANT TO JOIN A S	EARCH AND RE	SCUE (SAR) TEA	·M?		
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