



**Queen Creek Mounted Sheriff's Posse Search & Rescue**  
**P.O. Box 1548 Queen Creek, AZ 85142**  
**623-696-0041 | info@qcmountedsar.org**



**Membership Application**

Mr. Ms. Mrs.	First Name:	M	Last Name:	Horse:	Age:	Sex:	Shod?
Mailing Address:				Detailed Horseback Riding Experience:			
Best Contact Phone #:			Emergency Contact Name & #:	Truck Year / Make / Model:		Trailer Year / Make / Model:	
E-mail: Address:				Activities Performed With Horse:			
Employed or Any Schedule Constraints?			Over 18?	Do you have any medical conditions that could affect your ability to participate in activities such as searches, trainings or details? Yes      No			
Any civil actions? Please indicate the Date, Location, Action or Proceeding and Disposition. If not applicable, please indicated "N/A".				Do you have a Concealed Carry Permit?	Sponsor Name:		
Any police contacts? If yes, please indicate the date, location, police agency, original charge, and disposition/court action. If not applicable, please state no.							
Have you ever been convicted of a felony or misdemeanor? If yes, please provide details including all charges, dates, locations. If not applicable, please state no.							

**Please Complete the Inventory Below - Check All the Apply to Your CURRENT Level of Certification**

CPR-Cardiopulmonary Resuscitation Certification	NASAR - Personnel Certification	Other Training/Certifications (additional)
Heartsaver - American Heart Association	SAR TECH III	Structural Collapse Awareness
Heartsaver w/AED - American Heart Association	SAR TECH II	USA Boating License
Heartsaver w/AED + First Aid - American Heart Association	SAR TECH I	UAV Pilot License
Heartsaver w/AED + Pediatric - American Heart Association	SAR TECH EVALUATOR	Other:
Heartsaver w/AED + Pediatric + First Aid - American Heart Association	SAR TECH LEAD EVALUATOR	<b>Are you a handler responsible for any canine resource(s) (used in the participation of search or rescue missions?)</b>
CPR/AED – Adult - American Red Cross	CANINE EVALUATOR	
Standard First Aid with CPR/AED – Adult - American Red Cross	CANINE LEAD EVALUATOR	Yes
CPR/AED – Adult with CPR – Child and Infant - American Red Cross	TRACKER	No
No CPR Certification	WATER RESCUE - SWIFTWATER	
Other:	WATER RESCUE - FLOOD	
Advanced Medical Training/Certification	WATER RESCUE - PUBLIC SAFETY DIVE	Integrated Emergency Management Course
Certified First Responder (Advanced First Aider)	No NASAR Certification	ICS-100: Introduction to ICS
WFA - Wilderness First Aid	Other:	ICS-200: ICS for Single Resources and Initial Action Incidents
WFR - Wilderness First Responder	Other Training/Certifications	ICS-300: Intermediate ICS for Expanding Incidents
EMT - Emergency Medical Technicians	Air Boat Operator	ICS-400: Advanced ICS Command and General Staff—Complex Incidents
Paramedic	Amateur Radio License	IS-700.a NIMS An Introduction
Nurse Practitioner	Blood borne Pathogens Training	IS-701.a NIMS Multiagency Coordination System (MACS) Course
Registered Nurse	Community Emergency Response Team (CERT)	IS-702.a National Incident Management System (NIMS) Public Information
Physician's Assistant	Crime Scene Preservation Training	IS-703.a NIMS Resource Management Course
Medical Doctor	Critical Incident Stress Awareness	IS-704 NIMS Communications and Information Management
No Advance Medical Certifications	DOT HazMat General & Security Awareness	IS-706 NIMS Intrastate Mutual Aid - An Introduction
Other:	Managing the Lost Person Incident	IS-800.B National Response Framework, An Introduction
	Scuba Diving Certification	IS-809 Emergency Support Function (ESF) #9 – Search and Rescue
	No other Training/Certifications	No IS Certification

I agree to Pinal County Sheriff's Office (PCSO) conducting a complete background check. I agree that no information with regard to searches will be released to any member of the news media, made public in any way or used for personal use of any kind. I agree that all information, paperwork, or equipment issued is the property of QCMP SAR. I will take no photographs or video on any PCSO sanctioned searches, without authorization. I understand that any tip or information of any kind pertaining to a potential criminal case must be reported and that removal of anything from a search area may be considered interfering with a criminal investigation, a prosecutable offense. I agree to hold QCMP SAR harmless with regard to any personal injury or injury/theft of equipment or personal property while volunteering for QCMP SAR. By my signature below I accept these terms. Membership is a privilege that may be denied or revoked at any time.

Signature:	Date:
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