Davison County
Volunteer Search & Rescue Unit

Established 1991

Davison County
Volunteer Search & Rescue Unit

200 East 4th Ave.
Mitchell, SD 57301

Davison County Search and Rescue Applicant,

The Davison County Volunteer Search and Rescue Unit is an "organized group of trained volunteers". This unit is designed to assist local agencies in emergency and disaster situations.

The unit consists of 15 to 20 members with an organized chain of command; which consists of a Captain, three Lieutenants, and Team Members. The organization is administered by the Davison County Office of Emergency Management.

All members of the unit must be able to perform the following:

- Work effectively with others in the unit.
- Perform all duties outlined by the By-Laws and other pertinent documents.
- Follow all orders and directions when given.
- Organize and provide direction to untrained volunteers.
- Be able to respond, both in personal and professional situations, to all emergencies for possible extended periods of time.
- Attend all training sessions when scheduled and complete all hours of mandatory training.
- Comply with all procedures and protocols established by the Unit, Leaders, and Directors.

Search and Rescue is highly needed in Davison County and is an organization that fulfills the needs of the agencies in the county during an emergency situation. Feel free to contact myself or any Team Member with any questions.

Thank you for your interest,

Jeffrey Bathke, M.S.A.

Jeff Bathke
Director of Planning & Zoning and Emergency Management
Davison County
jeffb@davisoncounty.org
605-995-8640 or 605-995-8615
605-999-2863

Davison County
Office of Emergency Management
Authority to Release Information

By signing the release below, I hereby authorize the Office of Emergency Management, Davison County to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services and to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to Office of Emergency Management, Davison County.

I release from all liability all persons, companies, schools supplying such information. I indemnify the Office of Emergency Management, Davison County against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

All release information will become the property of the Office of Emergency Management. Due to the confidential nature of the material, any information obtained will not be released to anyone except agents of the Office of Emergency Management.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

_____
Signature of Applicant

State of South Dakota }
} SS
}

On this _____day of _____, 20___, before me the undersigned, a Notary Public in and for the state of South Dakota, personally appeared _____,
name of applicant
known to me to be the person whose name is subscribed to within AGREEMENT, WAIVER and RELEASE and acknowledged that _____ executed the same.
name of applicant
Subscribed and sworn to before me this_____ day of _____, 20_____

_____

My Commission Expires:_____

Davison County
Volunteer Search & Rescue Unit

_____ has made application for the Davison County Volunteer Search and Rescue
(Applicant)

Unit. As a member of the Search and Rescue Unit, _____ may be called away from his
(Applicant)

/her place of employment to assistant in rescue operations.

As _____ primary employer, I hereby approve of his/her membership in the
(Applicant)

Davison County Volunteer Search and Rescue Unit and will release _____ from regular
(Applicant)

duties as needed for rescue operations.

Name: _____
Address: _____
_____

Home email: _____
Company Name: _____
Position: _____
Phone: _____

Signature: _____ **Date:**_____
(Employer)

APPLICATION FOR DAVISON COUNTY SEARCH & RESCUE

This document needs to be fully completed before submission. Failure to complete form will delay processing.

Date _____

SSN # _____

PLEASE PRINT

Name _____
LAST FIRST MI DOB

PRESENT ADDRESS _____
STREET CITY STATE ZIP

EMAIL ADDRESS _____

PHONE NO. /Cell # ARE YOU 18 YEARS OR OLDER? Y N
ARE YOU AN AMERICAN CITIZEN? Y N CIRCLE ONE

POSTIION DESIRED DATE YOU CAN START
ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Y N

EVER APPLY TO THIS UNIT BEFORE? Y N
REFERED BY

EDUCATION	NAME & LOCATION OF SCHOOL	WHAT YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED?
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER SCHOOLING				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC ETC.)

US MILIITARY SERVICE
BRANCH , WHEN RANK MEMBER OF NATIONAL GUARD Y N
CIRCLE ONE

FORMER EMPLOYERS (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST POSITION HELD)

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHICH OF THESE JOBS DID YOU LIKE LEAST? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED

IN CASE OF EMERGENCY NOTIFY:

_____

NAME ADDRESS PHONE NUMBER

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM SELECTED TO BE A MEMBER OF THE DAVISON COUNTY VOLUNTEER SEARCH AND RESCUE UNIT, MY POSITION MAY BE TERMINATED AT ANY TIME. I AGREE TO CONFORM TO THE USE RULES AND REGULATIONS, AND I AGREE THAT MY POSITION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT EITHER MY OR THE UNIT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY POSITION MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE UNIT.

DATE _____ SIGNATURE _____

RESERVED FOR OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

POSITION ASSIGNED: _____

CALL SIGN ASSIGNED: _____