

- CONFIDENTIAL -

COLUMBIA BASIN DIVE RESCUE

Michael D. Brown Building, 1960 Butler Loop, Richland WA 99354-4944 (509) 946-2237
Membership Application and Background Information Form

READ INSTRUCTIONS CAREFULLY: This information must be accurately reported because it will be used as a basis for a detailed investigation of your background. Answer all questions that apply to you or write N/A for not applicable. Information or N/A must appear in each space provided. If additional space is required, then use supplemental sheets. Omission of known information is considered fraudulent and will disqualify the applicant. All information shall be typed or printed legibly by applicant.

Legal Name: Last				First		Middle (full)		Date of Birth	Place of Birth (State +County or City)	
Residence Address (Number, Street, City, State, Zip) No P.O. Box's							Residence Phone No. and email address		Social Security No.	
Sex	Height	Weight	Eyes	Hair	Drivers License No.		State	Expiration Date		
Vehicle liability insurance carrier					Policy number			Expiration date		
Employer Name					Business Phone No.			Permission to Contact		
								Yes	No	
Employer's Address (Number, Street, City, State, Zip) No P.O. Box's										
By what other names have you been known (maiden, by marriage, nickname, etc.)?							State/City where names were used			

Relationship Status: Single Married Divorced Widowed

Emergency Contact: Identify a person to contact in a case of an emergency.

Name: Last				First		Middle (full)		Relationship	Date of Birth (Spouse Only)	
Residence Address (Number, Street, City, State, Zip) No P.O. Box's							Residence Phone No.		Business Phone No.	

Military Service

Branch of Service		Active Duty Dates			Type of Discharge		Attached your DD-214 form	
		From		To				

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References: Carefully complete the following on three (3) persons, other than relatives or past/present employees, who know you well enough to current or past information about you.

Name: Last First Middle (full)	How long known?	Date of Birth or Age
Residence Address (Number, Street, City, State, Zip) No P.O. Box's	Residence Phone No.	Best time to contact
Employer Name & Address (Number, Street, City, State, Zip)	Business Phone No.	Work Hours

Name: Last First Middle (full)	How long known?	Date of Birth or Age
Residence Address (Number, Street, City, State, Zip) No P.O. Box's	Residence Phone No.	Best time to contact
Employer Name & Address (Number, Street, City, State, Zip)	Business Phone No.	Work Hours

Name: Last First Middle (full)	How long known?	Date of Birth or Age
Residence Address (Number, Street, City, State, Zip) No P.O. Box's	Residence Phone No.	Best time to contact
Employer Name & Address (Number, Street, City, State, Zip)	Business Phone No.	Work Hours

Residence History: Provide information on your previous residences for the last five (5) years.

From	Residence Address (Number, Street, City, State, Zip) No P.O. Box's	With whom did you live?
To	Landlord's Name & Address (Number, Street, City, State, Zip) No P.O. Box's	Landlord's Phone No.
From	Residence Address (Number, Street, City, State, Zip) No P.O. Box's	With whom did you live?
To	Landlord's Name & Address (Number, Street, City, State, Zip) No P.O. Box's	Landlord's Phone No.

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Emergency Services Background:

From	Agency	Job/Task responsibilities Reason for leaving
To	Agency Address (Number, Street, City, State, Zip) No P.O. Box's	Supervisor/Point of Contact
From	Agency	Job/Task responsibilities Reason for leaving
To	Agency Address (Number, Street, City, State, Zip) No P.O. Box's	Supervisor/Point of Contact

Certification	Agency Certifying	Certification / Expiration Date
First Aid	_____	_____
CPR	_____	_____
SCUBA Diving	_____	_____
Rescue Training	_____	_____

List any additional skills or training that would enhance your abilities as a Dive Rescue Specialist.

Summarize your diving experiences since certification.

Statement of Interest: Briefly state your reasons for joining Columbia Basin Dive Rescue

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Legal Circumstances:

Felonies, Gross-Misdemeanors or Misdemeanors: List all charges, including charges dropped or dismissed.

Month & Year	Charge or Type of Violation	Issuing Agency	Penalty / Fine

Note: See Appendix A for background clearance criteria.

Traffic citation or Notice of Infraction: List all issuance's, including charges dropped or dismissed.

Month & Year	Charge or Type of Violation	Issuing Agency	Penalty / Fine

Civil actions: List civil actions initiated by you or applied against you (including job-related injury)

Month & Year	Type of civil action	Court of Jurisdiction	Disposition

Have you ever been involved in a traffic accident as a driver? If yes, please list and state the circumstances.

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Have you ever had contact with a law enforcement agency (complainant, victim, or suspect)? If yes, please list and state the circumstances.

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Were you ever involved in a disciplinary action in the military service (Article 15, Office Hours, Captain's Mast, court-martial, etc)? If yes, please list and state the circumstances.

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Medical Clearance

*(Note: this section does not need to be completed for initial submission of the application.
This section must be completed before an applicant can be accepted into active status.)*

Statement of need for physical fitness

The work of Columbia Basin Dive Rescue requires team members to be physically fit. People seeking to join the team must be able to perform rigorous and physically demanding activities.

The dive rescue program involves very strenuous work, often placing the rescue person in physically and mentally stressful situations. It is important that a person's respiratory and circulatory systems are in good shape. People participating in the program should be able to lift, run, climb, haul, and push without difficulty or constraint.

Personal safety and the safety of fellow team members may depend on each team member's physical capabilities.

Family/Personal Physician			
Address			
Phone number			
Date of last physical exam		Blood Type	
Identifying scars, marks, or tattoos			
Date of last Tetanus Shot		Date of Hepatitis vaccination	

Are you aware of any physical limitations or have you been advised to avoid specific physical activities? If yes, list and state the circumstances.

Do you have any phobias, such as fear of water, heights, enclosed places, or any other limitations that could affect your performance with Columbia Basin Dive Rescue? If yes, please list and state the circumstances.

Have you ever been involved in a water-related accident? If yes, please list and state the circumstances.

Has anyone in your family or a person close to you drowned? If yes, please list and state the circumstances.

The Applicant has discussed the activities of Columbia Basin Dive Rescue with me and I see no reason this individual should be medically excluded from participation.

Physician: _____ Date: _____

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STATEMENT OF UNDERSTANDING

This is a statement to inform you of the potential hazards encountered during the performance of dive rescue operations. Your signature indicates your acceptance of the risks involved, This is not a sport or recreational program. This program does not "certify" in the sport of scuba diving. Techniques taught in this program are for use with an experienced dive rescue team and are not to be used for recreational activities.

Columbia Basin Dive Rescue operates as a volunteer emergency service organization and bears no greater commitment than an ethical obligation to respond to a call for assistance. The operations of the team present an inherent risk of damage to personal property, personal injury and even death. The activities that you will encounter during this program can be exciting and demanding. When done correctly by using tried and proven techniques and equipment, they can be done safely. Columbia Basin Dive Rescue is very aware of these hazards and operates in a fashion that minimizes them to the greatest extent possible. Ultimately, you are responsible for your safety and the safety of others in this program. Under no circumstances will you be required to participate when you are not comfortable with what you are doing, how it should be done, or if you feel your safety would be compromised. It is your responsibility to make the decision to participate.

RELEASE AND USE OF INFORMATION

The information provided in this application may be used by Columbia Basin Dive Rescue, the Benton County Sheriff's Office or the Franklin County Sheriff's Office to conduct a background investigation. This investigation is necessary because members of Columbia Basin Dive Rescue work closely with law enforcement agencies and have access to law enforcement radio communications, provide or are provided privileged information, or assist in evidence recoveries and criminal investigations.

I authorize Columbia Basin Dive Rescue to make such investigations and inquiries of my personal conduct, criminal activity, medical histories or other related matters as may be necessary. I also understand that fingerprinting maybe required at a later date. I release all persons from all liability in responding to inquiries concerning my application.

I certify that the answers given herein are complete, true and correct to the best of my knowledge. I understand that omitted, false or misleading information given in my application may result in refusal of membership or dismissal from the team.

LIABILITY RELEASE

I have read the above Statement, have been fully informed, and I am aware of the potential hazards. My questions have been answered to my satisfaction, and I accept the risks and responsibilities of my actions. I also pledge to abide by all rules and regulations of Columbia Basin Dive Rescue.

I release Columbia Basin Dive Rescue, its officers and members from all claims, demands, actions, judgements, and executions known or unknown that I have had, now have, or may have in the future arising directly or indirectly from membership and participation on the dive rescue team. I further knowingly and voluntarily assume all risks, foreseen, and unforeseen, of any harm, injury or death that may befall me because of my participation in this program. I further agree to hold harmless Columbia Basin Dive Rescue, its officers and members for all liability, loss or damage suffered because of my participation.

I understand and accept that Columbia Basin Dive Rescue, the State of Washington, and all agencies or persons requesting my service are not required to nor will I assume they have in place any insurance policy or similar instrument that would allow for remuneration to me because of property loss, personal injury, loss of income, or death.

I have read the above Statements and Releases and accept them by signature as my free and voluntary act.

Signature: _____ Date: _____

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**Law Enforcement
Release of Information Waiver**

I authorize any law enforcement agency to investigate any statements made in this application and to investigate my background generally, and I agree that if, in the opinion of the law enforcement agency I have made any omissions or misrepresentation or the results of the investigation are not satisfactory for any reason, any consideration for team membership will be terminated.

I By signature of this statement, I authorize any person, institution, company or corporation to give any pertinent information to law enforcement personnel. I also authorize the use of a photocopy reproduction of this request.

Signature

Date

Print Full Name

Date of Birth

Drivers License Number & State

Social Security Number

State of Washington
County of Benton

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 19 _____

Notary Public in and for the State of

_____ residing in _____

My appointment expires _____

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APPENDIX A

BACKGROUND CLEARANCE

- o No felony convictions

- o No gross misdemeanor convictions

- o No misdemeanor convictions within the last five (5) years

- o Driving Record
 - Must possess a valid driver's license and have in force insurance coverage as mandated by law

 - No more than four (4) traffic infractions over a three year period

 - No criminal traffic convictions within the last three years

- o No civil actions restricting emergency service participation or civil actions that would limit access to privileged information.

- o No civil or job-related actions that restrict physical activities for medical reasons. This includes job-related restrictions or disabilities.

Notes: Imposed sentences or suspended sentences are convictions as they imply. A deferred sentence is not a conviction, but an applicant must satisfy court restrictions or probation before joining the team. An active member will be reviewed according to Section 5 of the Standard Operating Procedures.

Exceptions, to the above, can be made with the approval of the Training Officer, the Columbia Basin Dive Rescue Board of Directors and confirmation by the Benton or Franklin County Sheriff's Office regarding eligibility for participation in law enforcement activities.