



## CASCADE COUNTY SEARCH AND RESCUE

P.O. BOX 2801  
Great Falls, MT 59403

Being a member of Cascade County Search and Rescue (CCSAR) is a demanding and rewarding experience. It is important for you to consider the high level of involvement and dedication required to be a member of this organization prior to applying. If CCSAR can fit into your lifestyle; we know you will find the camaraderie, experience and education to be extremely satisfying.

CCSAR is an all-volunteer organization of about 35 members. The organization is a Non-Profit 501(c)3 community service organization that works at the behest of and in conjunction with the Cascade County Sheriff's Office. Members are dispatched by the Cascade County Dispatch Center (911) through the use of issued pagers or an "app" (Active 911) downloaded onto a member's smart phone. CCSAR is coordinated under the Incident Command System (ICS) for all operations.

The primary response area of CCSAR encompasses all of Cascade County, Montana. This includes both the Big and Little Belts Mountain ranges along with portions of the Highwood range as well as the Missouri, Smith and Sun River drainages. CCSAR is also available to other jurisdictions who make mutual aid requests for assistance.

The terrain in the CCSAR response area varies from steep mountains with high-angle rocky faces to rolling hills, to swift rivers and creeks, to dense forest. Weather is often a challenge with temperatures as low as -45F degrees below zero or as high as 105F degrees, combined with high winds at any time. Snow pack varies in depth from 1 to 6 feet with possible avalanches. Snow is common in the winter but may occur any month of the year.

Common hazards include: wild animals, swift water, flooding, high-angle rock, icy or snowy terrain, extreme weather (lightening, high winds, and hail), avalanches, altitude, fires and all manner of manmade emergencies. CCSAR may also be called upon to assist local LEO/EMS/Fire with disaster, mass casualty incidents (MCI), urban interface wildfire management, snow, mud or rock slides, or with technical rescue in an urban environment.

CCSAR can find itself responding to incidents involving almost every kind of outdoor activity, including: boating, fishing, hunting, snowmobiling, mountain biking, hiking, camping, backcountry skiing, snowshoeing, climbing, wildlife viewing, OHV riders, trail running, aviation activities horseback riding as well as other activities involving urban lost person behavior scenarios.

To Join CCSAR you must complete this application packet.

As a member in good standing of CCSAR, you will be eligible to receive training in a wide range of relevant skills. You will be able to put this training to work as you participate in the SAR missions that CCSAR undertakes every year. You will be assisting in a necessary and valuable service to the residents of and visitors to central Montana.

You are about to invest a significant amount of personal time and energy into this organization, and CCSAR will likewise invest in you. We want to make sure this relationship will be a long and happy one for everyone. Thank you for your interest in CCSAR. If you have any questions about the organization please do not hesitate to contact us. You may contact CCSAR with any questions, comments or concerns at [sar@cascadecountymt.gov](mailto:sar@cascadecountymt.gov)



## **CCSAR Prerequisites to Membership**

### **Required before applying to CCSAR**

- Applicant/Member must own or have access to a four-wheel drive/AWD motor vehicle.
- Applicant/Member must be at least 18 years of age.
- Applicant/Member must hold a valid MT driver's license or be active duty military with a valid driver's license from another state.
- Applicant/Member must maintain at all times the minimum insurance coverage upon their vehicle(s) required under the Motor Vehicle Safety and Responsibility Act of the State of Montana.
- Applicant/Member must be a citizen or resident alien of the United States of America.
- Applicant/Member must be a resident of Montana or a member in good standing transferring from another search and rescue organization.
- Applicant/Member must be a resident of Cascade County or an adjacent county.
- Applicant/Member must not have been convicted of a felony. Misdemeanor criminal history and convictions will be reviewed on a case-by-case basis.



## CCSAR Membership Expectations Declaration

Thank you for your interest in Cascade County Search and Rescue (CCSAR). Below are some aspects of your relationship with CCSAR that you should be aware of and agree to before becoming a member.

Initial	Description
	I understand CCSAR is a volunteer organization and there will be no compensation for training or participating in a mission.
	I will attend at least 24 hours of training with CCSAR each year.
	I will participate in at least half of the CCSAR missions per year (2019 stats: 20 missions, half of which were cancelled before full response. The average time commitment is four hours, usually at night. Most missions occur on the weekends or holidays.)
	I understand that CCSAR will pay for all approved training, within budgetary limits, as long as I remain a member in good standing.
	I understand being a member in good standing means I will have been an active member of the unit for at least one (1) year and will maintain my status as per organization by-laws.
	I understand that while on missions and at approved trainings, I am covered under Cascade County Workers Compensation Insurance.
	I will make my personal safety my highest priority during every mission and training. I will never attempt to perform a duty that I cannot do while maintaining the minimum safety standard for that activity. Any unit member's safety will be my next level of concern.
	I understand that I represent Cascade County and may work with city, county, state and federal agencies. I will put forth a positive image to the community and any criminal activity on my behalf will be grounds for dismissal.
	I will never 'self-dispatch' to any incident. I will always check-in with the Incident Commander (IC), and get my job assignment. I will fulfill my assignment as safely as possible and check-out with IC before leaving the scene.
	I will do my best to protect and care for all equipment issued to me by CCSAR. I understand I may be charged for any missing, destroyed, or damaged equipment issued to me.
	I will maintain a "Ready Pack" of gear for deployment on a mission at a moment's notice. This pack will have enough gear for me to survive for 24 hours in the environment I am assigned to respond in. I understand that I must maintain this pack at my own expense.
	I understand that search and rescue activities are physically and mentally challenging. I will maintain my fitness to a level that will be an asset to CCSAR.

<b><u>Expectations Cont.</u></b>	
	I understand not all assignments require me to be outside during a mission. There are plenty of support positions needed during any activity but all are vital to the success of the program.
	I will not discriminate against anyone for any reason.
	I will treat all patients/subjects and unit members with respect. I will not harass – sexual or otherwise – any person.
	I will always treat everyone with respect.
	I will protect the privacy of all patients/subjects. I will never gossip or share personal information about the patient/subject with anyone, unless required by law or in the continuation of care and treatment.
	I agree to abide by the bylaws, standards, and operating procedures of CCSAR as currently in effect as well as changes adopted in the future.
	I understand that CCSAR wants competent and committed volunteers and that Search and Rescue involves travel and a long term, sizeable commitment of time and effort.
	I will not represent myself as a member unless and until I have been formally accepted by the unit and will not speak on its behalf unless specifically authorized to do so by CCSO or CCSAR leadership.

I, \_\_\_\_\_, have read, understand and accept all the above expectations of me by CCSAR.

Signature: \_\_\_\_\_

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

The CCSAR Board of Directors has agreed to accept \_\_\_\_\_ as a probationary member of CCSAR for a period of one (1) year. At the discretion of the board, after one (1) year, a probationary member will be accepted as full-time member or be terminated.

Commander CCSAR: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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



Have you ever been charged with or convicted of a Felony? Yes No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or convicted of a Misdemeanor? Yes No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Highest Level of Education: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_ Degree: \_\_\_\_\_  
School Location: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_

May we contact your employer? Yes No Phone: \_\_\_\_\_

How long have you been employed here? \_\_\_\_\_

What is your regular work schedule? \_\_\_\_\_

Does your employer support your volunteer activities with CCSAR? \_\_\_\_\_

Are you able to leave work for callouts? Yes No Conditional

Under what conditions? \_\_\_\_\_

**\*\*Please attach affidavit from employer specifying ability to leave work and under what conditions. \*\***

If employed at this job for less than two (2) years, please attach a listing of employment history for the past two years. Leave no time gaps and provide employer's name, address, phone, type of work and the reason for leaving each job on the list.

Military Service? Yes No Dates of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Do you carry the required minimum motor vehicle insurance coverage? Yes No

Insurance Company? \_\_\_\_\_

Response Vehicle: \_\_\_\_\_

(Year) (Make) (Model) (Color) (License Plate)

Emergency Contact #1: \_\_\_\_\_

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

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

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

(Home)

(Cell)

(Work)

Emergency Contact #2: \_\_\_\_\_

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

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

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

(Home)

(Cell)

(Work)

- Please attach a current resume including employment history, special skills (especially outdoor and navigation related), and 3 references (non-family, name, address, phone number).
- Attach a cover letter stating why you wish to join CCSAR and what you feel you can add to the organization.
- Make copies of all professional and medical certifications (if any) and attach to this packet.

I hereby affirm that all my answers on this application are complete and true, and I understand that any false statement may result in the rejection of my application. I understand that my acceptance into CCSAR may be subject, in part, to the answers on this application, an interview with the directors, completion of all prerequisites and successful completion of a probationary period.

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



## **Part 1 Medical Information**

**(Attach Additional If Necessary)**

Allergies (medicines, foods, bites, stings), list reaction and medication(s) required:

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Medications: List condition, amount and frequency, and side effects (Attach additional if necessary).

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Have you ever had any transmittable bloodborne illnesses?      Yes      No

If yes, please explain:

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Do you have any physical limitations?      Yes      No

If yes, please explain:

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Have you ever been treated for a mental disorder or a drug or alcohol addiction?      Yes      No

If yes, please explain:

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Do you have ANY health issue that would prevent you from using or operating heavy equipment, performing technical, hazardous, mentally, or physically strenuous activities as a CCSAR member?      Yes      No

If yes, please explain: \_\_\_\_\_

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## Part 2 Medical History

Please include current health history. Include dates and diagnosis. Use additional sheets if necessary.

Pregnancy Status: \_\_\_\_\_

History of Seizure: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Hospitalization/Emergency Room visits within the last 5 years:  
\_\_\_\_\_  
\_\_\_\_\_

History of Neck/Head/Back/Shoulder/Leg/Foot/Arm/or Hand Injuries or Problems:  
\_\_\_\_\_  
\_\_\_\_\_

History of respiratory illness such as asthma: \_\_\_\_\_

Cardiac/Heart History: \_\_\_\_\_  
\_\_\_\_\_

High Blood Pressure: \_\_\_\_\_

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

High Cholesterol: \_\_\_\_\_

Smoker (packs/day): \_\_\_\_\_

Chest Pain: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Other medical injuries, illnesses, or conditions that we should be made aware: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Cardiovascular Fitness**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood pressure within last 6 months \_\_\_\_\_

If greater than 150 systolic or 90 diastolic please have second reading taken \_\_\_\_\_

Current exercise activity (type, frequency, time, distance) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***CCSAR recommends that every individual remains up to date on their vaccinations.***

\*\*The information above is for your colleagues in the event something should happen to you or them. In an instance such as this, information is critical to someone in need. \*\*

I, \_\_\_\_\_, give my consent for any emergency anesthesia, operation, hospitalization, or other treatment that might become necessary. All information will remain confidential, except when shared with emergency personnel.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMITTAL INSTRUCTIONS**

This entire Application Packet must be turned into the Cascade County Sheriffs Office, 3800 Ulm North Frontage Road, Great Falls Montana 59404.

The last page "Search and Rescue Volunteer Checklist" must be placed on the front of your packet at the time of submittal.



## **CASCADE COUNTY SHERIFF'S OFFICE**

Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

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3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

# **CONFIDENTIALITY**

I, \_\_\_\_\_ understand the MCA  
(print name)

Statutes, the Cascade County Policy and Sheriff's Office mandate concerning confidentiality. I understand that violation of these statutes and policies will result in disciplinary action, to include dismissal.

I understand that law enforcement information derived from investigations is confidential. This includes criminal investigative information, intelligence information, fingerprints and photographs and any other information or records made so by law.

I understand that employees should hold confidential all information deemed not for public consumption. That confidentiality of information obtained while in the performance of my duties will be respected and used responsibly and only disseminated to person(s) as directed by the Sheriff or his designee.

I understand that information gained through conducting administrative duties, as a member of an administrative board, administrative decision-making entity or the daily processing of the administrative decision-making information is confidential, and is not general knowledge to be released, unless authorized by the Sheriff or his designee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CASCADE COUNTY SHERIFF'S OFFICE

Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

## S&R PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the CASCADE COUNTY SEARCH AND RESCUE for the position of

Probationary S&R Member, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed or excepted by them as peace officers, or in other positions such as volunteers, conform to the very highest standards.

Therefore, I release and hold harmless the CASCADE COUNTY SHERIFF'S OFFICE and their officers, agents, or assigns, now and in the future, from any claim or damages in law or inequity on behalf of myself, my heirs, and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and / or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

**I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Montana

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

*Print Name of Signer*

\_\_\_\_\_

*Notary Signature*

{Montana Notaries must complete the following, if not part of the stamp}



# CASCADE COUNTY SHERIFF'S OFFICE

Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

## AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant \_\_\_\_\_

Please print your full name

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

As an applicant for a position with the CASCADE COUNTY SHERIFF’S OFFICE I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement or related employment.

Toward this end, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services public agencies, and all others, to furnish the CASCADE COUNTY SHERIFF’S OFFICE any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form in your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant \_\_\_\_\_

State of Montana

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

*Print Name of Signer*

\_\_\_\_\_

*Notary Signature*

{Montana Notaries must complete the following, if not part of the stamp}

\_\_\_\_\_

*Printed Name*

# Search and Rescue Volunteer Checklist

**\*This entire Application must be turned into the Cascade County Sheriff's Office\***

## **Records Division**

**\*At the time this packet is submitted, this form must be placed on the front of the Application\***

- S&R Application Packet Received (Contact Training)
- Confidentiality Agreement (Must be signed)
- S&R Release of Information (Must be signed and notarized)
- Pre-Employment Investigation Waiver (Must be signed and notarized)
- Initial Jacket Created in Zeurcher
- Photographed and Fingerprinted
- Turn Completed Packet into Training

## **Executive Assistant**

\*Training will give the packet to Tanya\*

- Run a III
- Zeurcher History Check

## **Training**

\*Tanya will return the packet to Training\*

- Personal Reference Check, just Phone calls and emails (No Guardian).
- Scan background check into Z drive folder (If background has been completed with ZERO disqualifying factors send entire packet to next step).
- Give the Entire Packet (minus CJIS Information) to Capt. Van Dyken/Cpl. Groskreutz.

## **Search and Rescue**

If Applicant is excepted Capt. Van Dyken or Cpl. Groskreutz will notify Executive Assistant

## **Executive Assistant**

- Executive Assistant will Create a Personnel Jacket for new Member
- Records Manager will create Photo ID for new Member
- CCSO Staff will bring the new ID to the next meeting