



BAY COUNTY SEARCH & RESCUE

P.O. Box 36592
Panama City, FL 32412

Submit completed applications to Capt. Jim Balch - (850) 348-6415

DO NOT SUBMIT DIRECTLY TO SHERIFF'S OFFICE

MEMBER APPLICATION - PLEASE PRINT

Name (Last)		(First)		(MI)	(Maiden)		
Street Address			Apt/Suite	City/State/Zip			
Mailing Address			Apt/Suite	City/State/Zip			
Phone (Home)	(Cell)	(Work)		Sex	Height	Hair	Eye
Birth Date	Social Sec #	Drivers License State and Number					
Vehicle (Make)	(Model)	(Year)		Tag # and State			
Name of Emergency Contact		Contact Phone #		Which best describes your state of health: [] FAIR [] GOOD [] EXCELLENT			
Have you ever been convicted of a felony? [] YES [] NO If YES, please explain. Use additional paper if required.							
Have you ever been convicted of a crime against a child, family violence, or moral turpitude? [] YES [] NO							
Please list any qualifications you may have (Training, Certificates, Special skills, etc.)							
List the top 2 reasons you want to become a member of BCSO - SAR:							
1. _____							
2. _____							
Place of Employment (Name and Address):							

(continue to page 2 of 2)



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MEMBER APPLICATION (con't) PLEASE PRINT

Please list all organizations you are affiliated with for business or as a hobby. Include any fraternal groups/societies:

BCSO Membership Terms: *(Please read and then initial each item below)*

- ☐ I agree that prior to approval as a Volunteer Member of BCSO SAR, that a complete background check will be conducted by BCSO.
- ☐ Membership with BCSO SAR is a privilege and may be denied or revoked at any time.
- ☐ As a member of BCSO SAR, I agree that no information regarding BCSO operations or SAR 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 and equipment provided/issued to me is the property of BCSO SAR.
- ☐ I will take no photographs or video recordings during my participation on any BCSO SAR event/search/operation unless granted permission by BCSO SAR supervisory personnel.
- ☐ I understand that any tip or information of any kind pertaining to a potential criminal case must be immediately reported to a BCSO SAR supervisor and that the removal of anything from a search area may be considered interfering with a criminal investigation, a prosecutable offense.
- ☐ I hereby acknowledge that I have been informed that I am to never speak or correspond in any way with any media outlet regarding any Bay County Sheriff's Office case/operational activity and/or Search and Rescue mission.
- ☐ I agree to hold BCSO SAR harmless with regard to any personal injury or damage/theft of personal property while participating as a volunteer for BCSO SAR.

By my signature below, I attest that I fully understand and agree with the above terms.

Signature: _____ Date: _____

Print Name: _____

Shirt Size

APPROVED BY: _____

DATE: _____