



CITY OF HUNTINGTON BEACH

SEARCH AND RESCUE

SPECIALIST EXPLORER POST 563

Thank you for your interest in Huntington Beach Search and Rescue. Now that you have an application, please be sure that you fill each section out **completely**.

Please note that there are signatures required at the bottom of the last section on page 2, and at the end of the “Authorization To Treat a Minor” and “Hold Harmless Agreement” on page 3. Also note that signatures are required from you and your parent(s)/guardian.

In the “Confidential Scholastic Inquiry” (pages 5 & 6), ONLY fill out the areas with a * next to them.

Please return your **COMPLETED** application no later than 1 week prior to the testing date to:

HUNTINGTON BEACH SEARCH & RESCUE
18381 GOTHARD ST.
HUNTINGTON BEACH, CA 92648

If you have any questions, feel free to leave a voice mail at 714-536-5485 or e-mail INFO@HBSAR.ORG.

Thank you again for your interest in Huntington Beach Search and Rescue and GOOD LUCK!



CITY OF HUNTINGTON BEACH

SEARCH AND RESCUE

SPECIALIST EXPLORER POST 563

Membership Application

PLEASE PRINT OR TYPE:

NAME: _____
 LAST FIRST MIDDLE
 ADDRESS: _____

 PHONE: _____

BIRTH DATE: _____ AGE: _____
 SEX: _____ HT: _____ EYES: _____
 HAIR: _____ WEIGHT: _____
 SOCIAL SECURITY #: _____
 DRIVER'S LICENSE #: _____

FATHER'S NAME: _____
 ADDRESS (if different): _____

MOTHER'S NAME: _____
 ADDRESS (if different): _____

PHONE (if different): _____
 EMPLOYER: _____
 ADDRESS: _____

 BUS. PHONE: _____

PHONE (if different): _____
 EMPLOYER: _____
 ADDRESS: _____

 BUS. PHONE: _____

OTHER PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

NAME	RELATIONSHIP	ADDRESS	PHONE
NAME	RELATIONSHIP	ADDRESS	PHONE
NAME	RELATIONSHIP	ADDRESS	PHONE
NAME	RELATIONSHIP	ADDRESS	PHONE

ARREST RECORD (no matter what the disposition, give full details):

SCHOOL: _____
ADDRESS: _____

GRADE: _____ LATEST GPA: _____

*PLEASE ATTACH A COPY OF YOUR
LATEST REPORT CARD TO THIS
APPLICATION.*

EXTRACURRICULAR SCHOOL ACTIVITIES: _____

HOBBIES: _____

SPECIAL SKILLS: _____

CLUBS OR OTHER ACTIVITIES: _____

SCOUTING HISTORY: _____

LAST RANK: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT(S) SIGNATURE: _____ DATE: _____

_____ DATE: _____

AUTHORIZATION TO TREAT A MINOR

I/We, the undersigned parent(s) or legal guardian(s) of:

_____ DOB _____

a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act on the staff of any acute general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

LIST ANY RESTRICTIONS: _____

DATE FATHER/LEGAL GUARDIAN

DATE MOTHER/LEGAL GUARDIAN

This consent shall remain effective until the child's eighteenth birthday.

HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

THAT I, _____, in consideration for the City of Huntington Beach allowing me to accompany a police officer or firefighter of said City during the time said police officer or firefighter is performing his official duty for said City, do by these presents for myself, my heirs, executors, administrators and assigns, waive, remise and forever discharge, release and hold harmless the City of Huntington Beach and all of its officers, agents and employees, from any and all claims of any kind, nature or character whatsoever, by reason of any act, or acts, of commission or omission, of the City of Huntington Beach or any of its officers, agents and employees during the time I am accompanying said police officer or firefighter while he is performing his official duty for said City.

This release is expressly intended to cover and include all claims, several or otherwise past, present, or future, which can or may ever be asserted as a result of injuries or damages sustained by me while: (1) Accompanying said employee as herein above provided; (2) While riding in owned or operated vehicle used for transportation by said City; (3) While participating in gas training; (4) While participating in weapon training; or (5) While engaged in any other training deemed necessary or advisable.

Date: _____

Signature: _____

Father: _____

Mother: _____

Guardian: _____

MEDICAL INFORMATION

This information is voluntary for emergency purposes only

Blood Type: _____ Medical Insurance: _____

Drug Allergies: _____

Do you have, or have you ever been informed that you have:

Heart Trouble YES NO Description & Date: _____

Diabetic YES NO Description & Date: _____

Breathing Trouble YES NO Description & Date: _____

High Blood Pressure YES NO Description & Date: _____

Back Problems YES NO Description & Date: _____

Orthopedic Trouble YES NO Description & Date: _____

List all medications regularly taken:

Name of medication	Dosage	Frequency	For What Condition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

*Subject: _____
*Date of Birth: _____
*SS #: _____

CONFIDENTIAL SCHOLASTIC INQUIRY

To Whom It May Concern:

THE ABOVE PERSON HAS APPLIED FOR AFFILIATION WITH THE HUNTINGTON BEACH POLICE AND FIRE DEPARTMENTS AS A SEARCH & RESCUE EXPLORER.

THE POSITION REQUIRES A PERSON WITH GOOD MORAL CHARACTER, WHO IS HONEST, INDUSTRIOUS AND SOBER. ALL APPLICANTS MUST UNDERGO A BACKGROUND INVESTIGATION AND EXAMINATION BEFORE THEY CAN BE CONSIDERED FOR AFFILIATION.

IN THE APPLICATION, IT WAS STATED THAT THE APPLICANT ATTENDED YOUR SCHOOL FROM _____ TO _____. YOUR VERIFICATION OF THESE FACTS AND OTHER INFORMATION FURNISHED WILL BE TREATED CONFIDENTIALLY.

SINCERELY,

ADVISOR

RELEASE

HAVING MADE AN APPLICATION TO THE HUNTINGTON BEACH POLICE AND FIRE DEPARTMENTS AS A SEARCH & RESCUE EXPLORER AND DESIRING THEM TO BE INFORMED AS TO MY PREVIOUS RECORD AND CHARACTER, I HEREBY AUTHORIZE THE APPROPRIATE OFFICIALS OF MY ELEMENTARY AND/OR HIGH SCHOOL TO FURNISH ANY AND ALL SUCH INFORMATION WHICH MAY CONCERN M RECORD AND CHARACTER, WHETHER SAME IS OF RECORD OR NOT, AND RELEASE ALL SCHOOL OFFICIALS WHOMSOEVER OF ANY CHARGE BECAUSE OF FURNISHING SAID INFORMATION.

*SIGNATURE: _____ DATE: _____

*MOTHER/FATHER: _____ DATE: _____

HUNTINGTON BEACH SEARCH & RESCUE
CONFIDENTIAL SCHOLASTIC INQUIRY

(APPLICANT/SCHOOL)

1. IS THE PERIOD OF ATTENDANCE CORRECTLY STATED? YES NO
IF INCORRECT, LIST THE CORRECT PERIOD: _____
2. DID HE/SHE SUCCESSFULLY GRADUATE FROM HIGH SCHOOL? YES NO
3. IF NOT, INDICATE HIGHEST GRADE COMPLETED: _____
4. DID HE/SHE RECEIVE ANY FAILING GRADES? YES NO
5. IF YES, IN WHAT SUBJECTS? _____
-
6. WAS HE/SHE A DISCIPLINARY PROBLEM? YES NO
7. WHAT EXTRA-CURRICULAR ACTIVITIES DID HE/SHE ENGAGE IN? _____
-
8. WAS HIS/HER ATTENDANCE RECORD SATISFACTORY? YES NO
9. WHAT SCHOOL DID HE/SHE TRANSFER FROM? _____
10. DID HE/SHE HAVE ANY TROUBLE WITH LAW ENFORCEMENT AGENCIES? YES NO
IF YES, WHICH DEPARTMENT AND FOR WHAT REASON? _____
-
11. ADDITIONAL REMARKS: _____
-
-

FORM COMPLETED BY:

NAME

TITLE