



BADLANDS SEARCH & RESCUE

VOLUNTEER MEMBERSHIP APPLICATION

Public Website Application Packet

HOW TO APPLY

1. Download and complete all applicable sections of the application.
2. Attach copies of relevant certifications or qualifications, if applicable.
3. Complete and provide the applicant-paid background-check documentation directed by BSAR.
4. Sign all required acknowledgments and authorizations.
5. Return the completed packet to Badlands Search & Rescue.

RETURN / CONTACT

Email: badlandssarnd@gmail.com

Website: www.badlandssar.org

Submission of an application does not guarantee membership. BSAR may require an interview, screening, training, skills evaluation, physical-readiness assessment, and probationary period.

BADLANDS SEARCH & RESCUE

VOLUNTEER MEMBERSHIP APPLICATION

Applicant Instructions: Complete all applicable sections. Print legibly. Attach additional pages if needed. Submission of this application does not guarantee membership. Badlands Search & Rescue (BSAR) may verify information, contact references, and require additional documentation before an applicant is accepted.

APPLICATION CHECKLIST

- Completed membership application
- Copies of relevant SAR/public-safety certifications
- Three references
- Copy of valid driver's license (if requested)
- Applicant-paid criminal-history record documentation as directed by BSAR
- Signed applicant certification and authorizations

1. APPLICANT IDENTIFICATION

Full Legal Name (Last, First, Middle)		Preferred Name	
Other / Former / Maiden / Alias Names		Date of Birth	
Physical Address		City / State / ZIP	
Mailing Address (if different)		County	
Primary Phone	Alternate Phone	Email	
Driver License State / Number		Expiration Date	

Emergency Contact

Name	Relationship	Primary Phone
------	--------------	---------------

2. MEMBERSHIP / OPERATIONAL INTERESTS

- Ground Search
- K9 Search
- sUAS / Drone
- Mounted Search
- Medical
- Family Liaison
- Mapping / CalTopo / GIS
- Administrative Support
- Search Management / ICS
- Human Remains Detection K9
- Water / Boat Operations
- Communications
- Logistics
- Public Information
- Fundraising / Outreach
- Other: _____

Describe your primary reason for seeking membership with Badlands SAR and what you hope to contribute:

EMERGENCY CONTACT & CRITICAL MEDICAL INFORMATION

This section is intended to provide team leadership and emergency responders with information that may be important if you are injured, become ill, lose consciousness, or otherwise cannot communicate during training, travel, or an operational deployment.

Member / Applicant Identification

Full Legal Name		Date of Birth
Primary Phone	Blood Type (if known)	Preferred Hospital / Health System (optional)

A. PRIMARY EMERGENCY CONTACT

Name		Relationship
Primary Phone	Alternate Phone	Email
Address / City / State (optional)		

B. SECONDARY EMERGENCY CONTACT

Name		Relationship
Primary Phone	Alternate Phone	Email

C. CRITICAL MEDICAL CONDITIONS

List only medical conditions, allergies, implanted devices, prior conditions, or other information that emergency responders or BSAR leadership would need to know to provide safe emergency care. Examples may include severe allergies/anaphylaxis, diabetes, seizure disorder, significant cardiac history, bleeding disorder, implanted medical device, or other time-critical information.

D. CRITICAL MEDICATIONS

List medications that emergency responders should know about because missing a dose, interaction, emergency treatment, or the medication's effect could be medically important. Include medication name, dose if known, and reason/use. You do not need to list routine medications that would not be relevant in an emergency.

Medication	Dose / Frequency	Reason / Critical Information

E. ALLERGIES / EMERGENCY TREATMENT INFORMATION

Medication Allergies		Food / Insect / Environmental Allergies	
Do you carry epinephrine? Yes / No	Do you carry rescue medication? Yes / No	Location carried (pack, pocket, vehicle, etc.)	

F. OTHER TIME-CRITICAL INFORMATION

Examples: communication needs, medical alert ID location, emergency action instructions, or information responders should know before transport.

G. CONFIDENTIALITY & AUTHORIZATION

I understand that providing medical information in this section is voluntary except where BSAR policy or law requires information necessary for safe participation. I authorize BSAR to make this information available to designated team leadership, safety/medical personnel, incident command, or emergency responders when reasonably necessary to protect my health or safety. I understand that this information should not be used for general membership discussion or disclosed beyond an operational or emergency need.

I am responsible for keeping this information current and for promptly notifying BSAR when emergency contacts or critical medical information materially changes.

Applicant / Member Signature	Printed Name	Date
------------------------------	--------------	------

Administrative recommendation: Store this page separately from the general membership application where practical, with access limited to personnel who need the information for emergency preparedness or response.

3. EMPLOYMENT, VOLUNTEER & PUBLIC-SAFETY HISTORY

Current Employer / Organization		Position / Occupation	
Employer Address	Supervisor / Contact	Phone	

May BSAR contact your current employer regarding your application? ☐ Yes ☐ No

List relevant previous employment, volunteer organizations, fire/EMS/law enforcement/SAR service, or other public-safety experience.

Organization / Employer	Role / Duties	Dates	Reason for Leaving

Have you ever been dismissed, asked to resign, suspended, or found ineligible for reappointment by a public-safety or volunteer organization? ☐ No ☐ Yes

If yes, explain:

4. EDUCATION, TRAINING & CERTIFICATIONS

Highest Level of Education / School	Degree / Field / Year
-------------------------------------	-----------------------

- | | |
|--|--|
| ☐ CPR / AED | ☐ First Aid |
| ☐ Wilderness First Aid / WFR / WEMT | ☐ EMR / EMT / Paramedic |
| ☐ FEMA IS-100 | ☐ FEMA IS-200 |
| ☐ FEMA IS-700 | ☐ FEMA IS-800 |
| ☐ NASAR SARTECH | ☐ Land Navigation |
| ☐ Tracking / Sign Cutting | ☐ Technical / Rope Rescue |
| ☐ Swiftwater / Water Rescue | ☐ FAA Part 107 |
| ☐ Amateur Radio | ☐ Boat / Watercraft |
| ☐ ATV / UTV | ☐ Snowmobile |
| ☐ K9 SAR / HRD | ☐ Other: _____ |

List issuing agency, certification number (if applicable), and expiration date for relevant credentials:

5. MILITARY SERVICE (IF APPLICABLE)

Branch / Component	Dates of Service	Highest Rank
Primary MOS / AFSC / Rating	Character of Discharge	

BSAR may request documentation relevant to claimed training or qualifications. Do not submit sensitive documents unless requested.

6. SAR / OUTDOOR COMPETENCY SELF-ASSESSMENT

Rate your current experience: 0 = none, 1 = basic, 2 = working, 3 = advanced/instructor. These ratings are for placement and training planning only.

Skill	0	1	2	3	Notes
Map & compass navigation	☐	☐	☐	☐	
GPS / CalTopo / GIS	☐	☐	☐	☐	
Radio communications	☐	☐	☐	☐	
Rugged terrain hiking	☐	☐	☐	☐	
Night operations	☐	☐	☐	☐	
Extreme heat / cold	☐	☐	☐	☐	
Evidence / clue preservation	☐	☐	☐	☐	
Missing-person search tactics	☐	☐	☐	☐	
Extended / overnight field operations	☐	☐	☐	☐	
Water / boating operations	☐	☐	☐	☐	
K9 operations	☐	☐	☐	☐	
Crime-scene awareness	☐	☐	☐	☐	

7. AVAILABILITY & PARTICIPATION

- ☐ Weekday daytime
☐ Overnight
☐ Weekend evening
☐ Short-notice callout
- ☐ Weekday evening
☐ Weekend daytime
☐ Multi-day deployment
☐ Out-of-state deployment

Typical maximum response / travel distance	Known recurring conflicts
--	---------------------------

I understand volunteer SAR membership requires regular training, readiness, teamwork, and participation, and that missions may occur without advance notice. ☐ Yes

8. FIELD READINESS & ESSENTIAL FUNCTIONS

Field assignments may involve prolonged walking, steep or unstable terrain, darkness, extreme temperatures, smoke/dust, water, wildlife, remote locations, emotionally disturbing scenes, deceased persons, lifting/carrying equipment, and limited access to immediate medical care.

For field membership, I understand BSAR may require a physical-readiness assessment, including a two-mile hike carrying a minimum 15-pound 24-hour pack within 40 minutes, subject to current BSAR policy. ☐ Acknowledge

Do you require a reasonable accommodation to participate in the application or assessment process? ☐ No ☐ Yes - please contact BSAR privately to discuss.

9. DRIVING & PERSONAL VEHICLE INFORMATION

Do you anticipate using a personally owned vehicle for BSAR activities? ☐ Yes ☐ No

Vehicle Year / Make / Model	License Plate / State
-----------------------------	-----------------------

Do you maintain legally required automobile insurance? ☐ Yes ☐ No

- ☐ License currently valid
☐ Willing to provide motor-vehicle record if requested
- ☐ No current suspension/revocation
☐ Will immediately report material change in driving status

List DUI/DWI, reckless-driving convictions, license suspensions/revocations, or other serious driving matters within the period requested by BSAR:

10. CRIMINAL HISTORY / SUITABILITY DISCLOSURE

Answer truthfully. An affirmative answer does not automatically disqualify an applicant. BSAR may consider the nature, seriousness, recency, relevance to SAR duties, rehabilitation, accuracy of disclosure, and applicable law.

- Have you been convicted of a felony?
- Have you been convicted of a misdemeanor other than minor traffic offenses?
- Are criminal charges currently pending against you?
- Have you been convicted of an offense involving violence, abuse, exploitation, theft, fraud, or dishonesty?
- Have you been convicted of an offense involving a vulnerable person?
- Are you currently subject to a court order that could materially affect safe SAR participation?

For each 'Yes,' identify the jurisdiction, approximate date, offense/matter, disposition, and any information you want BSAR to consider:

11. APPLICANT-PAID CRIMINAL-HISTORY RECORD REQUIREMENT

North Dakota applicants: Unless BSAR provides different written instructions, the applicant must obtain and pay for an official North Dakota Bureau of Criminal Investigation (BCI) criminal-history record check and provide the resulting documentation to BSAR. As of August 2026, the ND Attorney General lists the standard public state record-check fee as \$15 and an approximate processing time of 7-10 business days. A North Dakota record check covers North Dakota records and does not include federal, most traffic, other-state, tribal, or juvenile records. BSAR may require additional records where reasonably related to the applicant's residence history or assignment.

Important: Do not write your Social Security number on this BSAR application. Provide identifiers only on official BCI/FBI forms or other approved screening forms when required. Any background documentation provided to BSAR will be handled as confidential applicant information to the extent practicable and lawful.

- I understand the background-record requirement.
- I understand I am responsible for the required applicant fee unless BSAR states otherwise.
- I authorize BSAR to review submitted criminal-history documentation for membership suitability.
- I will promptly disclose any material criminal charge or conviction arising while my application is pending or while I am a member.

12. REFERENCES

Provide three adults who can speak to your reliability, judgment, teamwork, character, and suitability for volunteer emergency-response service. At least one should preferably have supervised you in employment, military, public safety, SAR, or volunteer service.

Reference	Name	Relationship / Organization	Phone	Email
1				
2				
3				

13. AUTHORIZATION TO VERIFY APPLICATION INFORMATION

I authorize Badlands Search & Rescue, its designated officers, agents, or screening representatives to verify information I have provided and, where lawful and reasonably related to membership suitability, to contact references, employers, volunteer organizations, educational institutions, military sources, licensing/certification bodies, and public agencies. I authorize those persons and organizations to provide relevant information to BSAR, subject to applicable law. I understand BSAR may request a separate authorization when required by a records provider or law.

This authorization is intended solely for evaluation and administration of my BSAR membership application and membership status. I understand that a photocopy or electronic copy of this signed authorization may be used where accepted.

Applicant Signature	Printed Name	Date
---------------------	--------------	------

14. CONFIDENTIALITY, CONDUCT & PUBLIC INFORMATION ACKNOWLEDGMENT

I understand that SAR personnel may receive sensitive information concerning missing persons, victims, families, law-enforcement investigations, medical matters, locations, operational tactics, photographs, maps, communications, and other nonpublic information. I will protect such information and will not release, post, photograph, record, livestream, or discuss it outside authorized channels.

- Follow incident command / chain of command
- Treat subjects, families, agencies, and teammates professionally
- Do not self-deploy
- Do not speak for BSAR or an agency without authorization
- Protect operational and personally identifiable information
- Follow BSAR safety, social-media, evidence, and communications policies
- Report safety concerns and misconduct through appropriate channels
- Return BSAR property and protected information when requested

Applicant Initials	Date
--------------------	------

15. VOLUNTEER STATUS, RISK & EMERGENCY CARE ACKNOWLEDGMENT

I understand BSAR service is voluntary and generally uncompensated unless specifically authorized otherwise. SAR activities can involve inherent and unpredictable risks, including falls, vehicle incidents, weather exposure, wildlife, water hazards, physical exertion, hazardous terrain, communicable disease, traumatic scenes, and other risks that cannot be eliminated completely.

I agree to follow training, safety rules, assignment limitations, incident command, and directions of authorized leaders. I understand I may decline an assignment I reasonably believe I cannot safely perform and must promptly communicate that concern.

If I become ill or injured and am unable to provide informed direction, I authorize reasonable emergency first aid and emergency medical care to be sought on my behalf. I understand this does not guarantee payment of medical expenses by BSAR.

Legal review note: This acknowledgment is not intended to waive rights that cannot lawfully be waived. BSAR should have any separate liability release/waiver reviewed by its North Dakota counsel and insurer before adoption.

Applicant Signature	Date
---------------------	------

16. APPLICANT CERTIFICATION

I certify that the information I have provided is true, complete, and accurate to the best of my knowledge. I understand that material omissions, falsification, or misrepresentation may result in rejection of my application or termination of membership. I understand that submitting this application creates no right to membership, deployment, office, equipment, compensation, or continued affiliation with BSAR.

I understand that, if accepted, I may be placed in probationary status and required to complete training, orientation, physical or skills assessments appropriate to my assignment, background/suitability review, and performance evaluation before final membership approval.

Applicant Signature	Printed Name	Date
----------------------------	---------------------	-------------

17. BSAR USE ONLY - APPLICATION REVIEW

Application Received	Received By	Applicant ID / Mission Admin #
-----------------------------	--------------------	---------------------------------------

- | | |
|--|--|
| ☐ Application complete
☐ Credentials reviewed
☐ Criminal-history documentation reviewed
☐ Field-readiness assessment required
☐ Orientation completed
☐ Confidentiality acknowledgment signed | ☐ References contacted
☐ Driver status reviewed
☐ Interview completed
☐ Field-readiness assessment passed
☐ Code of conduct signed
☐ Additional review required |
|--|--|

Interview Date	Interviewers
-----------------------	---------------------

Interview / Review Notes:

Membership Committee Recommendation

- | | |
|--|---|
| ☐ Approve - probationary membership
☐ Hold pending additional information | ☐ Approve - support/non-field membership
☐ Decline |
|--|---|

Effective / Review Date	Probation End / Review Date	Approved By
--------------------------------	------------------------------------	--------------------

18. PROBATIONARY MEMBER TRAINING / ONBOARDING

Requirement	Date	Instructor / Verifier	Initials
Organization orientation			
ICS / chain of command			
Radio communications			
Safety & risk management			
Lost-person search fundamentals			
Evidence / clue handling			

Confidentiality & family interaction			
Mapping / navigation			
Personal gear / 24-hour pack review			
Field-readiness assessment			
Vehicle / driving policy			
Final probation review			

Reference note for BSAR administrators: North Dakota BCI states that a state criminal-history record check may be name- or fingerprint-based; the standard public fee is \$15; processing is approximately 7-10 business days; and a state record check is limited to North Dakota records. Verify current forms, fees, and legal requirements before distributing this packet.

Official information: North Dakota Office of Attorney General - Bureau of Criminal Investigation, Criminal History Records.