



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**. Any section highlighted in red is a mandatory section that must be filled out.

After completing the forms, print out the entire packet. Use the following as a check list to ensure the entire packet is complete prior to turning in the packet:

- Sign and date page 1 (Applicant and Parent/Guardian)
- Sign and date page 4 (Applicant and Parent/Guardian)
- Sign and date page 5 (Applicant and Parent/Guardian)
- Sign Disaster Service Worker Registration Form
Signature of Authorized Volunteer Disaster Worker = Applicant
Parent or Legal Guardian
- Sign and Date Youth Applicant Form

Once the entire packet is printed, signed and dated, 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 HBSAR@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/BSA
 Application

Name and address information

First name **(No initials or nicknames)** Middle name Last name Suffix

Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) E-Mail Address

School Grade GPA Gender Male Female

Height Weight Eyes Hair Driver's License Social Security

Parent/guardian information

Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship: Parent Guardian Grandparent Other (specify)

First name **(No initials or nicknames)** Middle name Last name Suffix

Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) Occupation Employer Gender: M F

Business phone Ext. Previous Exploring experience Cell phone

Parent/guardian e-mail address

Processed By (HBSAR Personnel) Date Processed

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Applicant Signature & Date

Parent/Guardian Signature & Date

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

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

ARREST RECORD (no matter what the disposition, give full details) If not applicable, put 'NA':

EXTRACURRICULAR SCHOOL ACTIVITIES: _____

HOBBIES: _____

SPECIAL SKILLS: _____

CLUBS OR OTHER ACTIVITIES: _____

SCOUTING HISTORY: _____

LAST RANK: _____

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. _____	_____	_____	_____

STOP!!

DO NOT FILL ANYTHING
ELSE OUT BEYOND THIS
POINT.

PLEASE PRINT THE
APPLICATION NOW AND
USE THE CHECK-BOXES
ON THE COVER SHEET
TO ASSIST YOU IN
COMPLETING THE
PACKET.

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: _____

*Applicant: _____

*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



CITY OF HUNTINGTON BEACH
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PHYSICAL AGILITY TEST

 NAME

 DATE

EACH EVENT IS INDIVIDUAL AND AN ACCEPTABLE REST PERIOD WILL BE GIVEN BETWEEN EVENTS

(1) LITTER CARRY

TWO MEMBERS MUST CARRY A STANDARD LITTER CONTAINING A 65 POUND WEIGHT FOR A TOTAL 1/4 MILE. AFTER THE FIRST 1/8 MILE (HALF WAY) THE MEMBERS WILL SET THE LITTER ON THE GROUND. QUICKLY CHANGE ENDS, LIFT THE LITTER OFF THE GROUND AND CONTINUE FOR THE REMAINING 1/8 MILE TO THE FINISH. THIS IS NOT A TIMED EVENT AND SHOULD BE GRADED PASS/FAIL. STOPPING OR RESTING IS NOT ALLOWED EXCEPT FOR THE HALF-WAY POSITION CHANGE.

_____ Pass
 _____ Fail
 _____ Monitor

(2) STAIR RUN

THE MEMBER WITH AN AIR PACK WILL BE TIMED AS HE/SHE CLIMBS TWO (2) STORIES OF STAIRS THEN RETURNS TO THE BOTTOM. THIS IS A TIMED EVENT. PASSING TIME IS 22 SECONDS OR LESS. USE OF HANDS IS PERMITTED.

_____ Pass
 _____ Fail
 _____ Monitor

(3) 35' EXTENSION LADDER RAISE & LOWER

THE MEMBER MUST FULLY RAISE AND LOWER A SELF-SUPPORTED 35' EXTENSION LADDER. THIS IS NOT A TIMED EVENT. RESTING IS NOT PERMITTED AND GRADING IS PASS/FAIL.

_____ Pass
 _____ Fail
 _____ Monitor

(4) HALF MILE RUN

THE MEMBER MUST RUN (1/2) MILE WITHIN 2 MINUTES AND 50 SECONDS.

_____ Pass
 _____ Fail
 _____ Monitor

(5) ROPE PULL

THE MEMBER WILL STAND ON THE 3RD FLOOR OF THE TRAINING TOWER AND RAISE 30 POUNDS OF DEAD WEIGHT ATTACHED FROM THE GROUND WITH 5/8 INCH ROPE. THE WEIGHT (FIRE HOSE) MUST BE PULLED HAND OVER HAND OVER THE WALL AND SET AT THE MEMBERS FEET (END OF TIME). AFTER A SHORT REST, THE WEIGHT MUST BE RETURNED TO THE GROUND. THIS IS A TIMED EVENT 30 SECONDS OR LESS. THE GRADING IS PASS/FAIL.

_____ Pass
 _____ Fail
 _____ Monitor



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MEMBERSHIP STATUS RECORD

NAME

APPLICATION ACCEPTED: ____ - ____ - ____ PROCESSED BY: _____

PHYSICAL AGILITY TEST: ____ PASS ____ FAIL DATE: ____ - ____ - ____

ORAL INTERVIEW: ____ PASS ____ FAIL DATE: _____

BOARD MEMBERS: _____ TITLE: _____

_____	_____
_____	_____
_____	_____

PROBATION END: ____ - ____ - ____ ____ PASS ____ FAIL

PROBATION EXTENDED TO: ____ - ____ - ____ REASON: _____

TERMINATION: ____ - ____ - ____ REASON: _____

RESIGNATION: ____ - ____ - ____ REASON: _____

ADVANCEMENT

____ - ____ - ____ CREW MEMBER

____ - ____ - ____	_____
____ - ____ - ____	_____
____ - ____ - ____	_____
____ - ____ - ____	_____
____ - ____ - ____	_____
____ - ____ - ____	_____
____ - ____ - ____	_____



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DISASTER SERVICE WORKER REGISTRATION

Date Enrolled _____

Name _____ Hair _____ Eyes _____

Address _____ Height _____' _____" Weight _____

_____ CDL# _____

Phone _____ DOB _____ - _____ - _____ Sex M F

SS# _____ - _____ - _____ Title/Rank _____

Notes _____

LOYALTY OATH OF AFFIRMATION (Govt. Code 3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations of purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

I understand that I will be acting as a volunteer, not as an employee of the City of Huntington Beach; however, I may be eligible for workers' compensation through the State Office of Emergency services, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Official

Date

Signature of Authorized volunteer Disaster Worker

Parent or Legal Guardian (if applicable)

