



MEMBERSHIP APPLICATION – PAGE 1 OF 2

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: (H) _____ (W): _____ (C): _____

Age*: _____ Sex*: Male Female D.O.B. _____ Marital Status*: _____

Date of last physical: _____ Physician: _____

Any physical reason the applicant cannot participate in the activities of this organization?

(A medical physical are not required, however because of the nature of search work, we recommend that you discuss with your doctor your desire to join, as well as obtaining the Hepatitis B vaccination.)

Next of Kin: _____ Relationship: _____

Next of Kin's Phone (s): (h) _____ (c) _____

Applicant's previous relevant training (include military service if applicable): _____

Check Applicable Training (must be current):

- First Aid CPR EMT First Responder Paramedic Advanced EMT
- Wilderness First Responder Wilderness Medicine Wilderness EMT

** K9SM membership is open to any person over the age of 18 years, who has a valid driver's license, a phone, has a serious interest furthering its purpose and a willingness to participate in its functions, without regard to race, sex, age, national origin, creed or religion. Items marked with an asterisk (*) need not be answered for admission to the organization.*

Membership applicants must have a criminal background check performed. Note that this is a MN Criminal History search, but it does include a check of the FBI database. Any criminal history in the US will show up on this report.

Info page: <https://dps.mn.gov/divisions/bca/Pages/background-checks.aspx>

Online Form: <https://cch.state.mn.us/pcchOffenderSearch.aspx>

Statement of Interest: (Please outline why you have decided to join a Search and Rescue Unit)

I hereby apply for membership in K9 Search Midwest (K9SM). I agree to support the bylaws of the unit and to abide its rules and operating procedures. I also verify that I do not have a felony record. I understand that search and rescue is a strenuous activity, entered into voluntarily on my part. I will not hold K9SM or its members liable for any injuries incurred while involved in search-related activities (including training). I am responsible for updating any information on this sheet when a change occurs.

Signature: _____ Date: _____

Sponsor's Signature: _____

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Dog Information

Dog's Name: _____ Age: _____ Breed: _____

AKC Registration # (if applicable): _____ Tattoo #: _____

Dog's Previous Training: _____

Vaccination Dates:

DHL-P	Rabies	Rabies Tag #	Parvovirus

Dog's Name: _____ Age: _____ Breed: _____

AKC Registration # (if applicable): _____ Tattoo #: _____

Dog's Previous Training: _____

Vaccination Dates:

DHL-P	Rabies	Rabies Tag #	Parvovirus

Dog's Name: _____ Age: _____ Breed: _____

AKC Registration # (if applicable): _____ Tattoo #: _____

Dog's Previous Training: _____

Vaccination Dates:

DHL-P	Rabies	Rabies Tag #	Parvovirus

MEMBERSHIP AGREEMENT

K9SM Membership Agreement. As a non-profit, all volunteer unit, K9SM is engaged in providing specially trained search dogs, handlers, and support personnel to agencies that request our services. In order for K9SM to exist, provide credible courtroom testimony, and to maintain the image necessary for continued use by responsible agencies, K9SM members must conduct themselves in a manner that exceeds contemporary standards. As a member of K9SM, I shall at all times:

- A. conduct myself in a professional, polite, and responsible manner;
- B. receive permission from the operations officer before formally representing K9SM at any non-unit function;
- C. decline payment for services performed in connection with K9SM;
- D. keep confidential circumstances relating to search and rescue missions;
- E. decline interviews and direct reporters and journalists to the proper authorities except when acting as information officer;
- F. refrain from using alcohol while in uniform or while involved in search and rescue activities;
- G. refrain from carrying a firearm while in uniform except with written consent of the requesting search and rescue agency and the operations officer;
- H. refrain from wearing the uniform of K9SM to any search to which K9SM has not been officially activated; and
- I. shall abide by the policies and procedures set forth in the *K9SM Bylaws and Standard Procedures*.

Signature _____ Date _____

This agreement shall be signed by every member of K9SM, annually, and submitted with annual dues.

K9SM MEMBER'S ANNUAL PAPERWORK

This is simply a reminder that annually any paperwork that is required for your membership file should be reviewed and updated.

Please review the following checklist & remember that if anything has changed or is expired, we need to get a new copy for the files.

Please turn these in to the Operations Officer.

- Homeowner's insurance (If applicable - cover page only)
- K9 vaccine records (if applicable)
- Emergency Notification Form (Member)
- Emergency Notification Form (K-9 if applicable)
- CPR / First Aid Cards
- Liability waiver

WAIVER OF ALL CLAIMS, RELEASE FROM LIABILITY AND ASSUMPTION OF RISKS

I _____ will be participating as a volunteer with K9 Search Midwest, hereinafter referred to as K9SM. The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation as a member of K9SM, I do hereby agree to this waiver and release.

I recognize that the K9SM will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation with K9SM. Including, but not limited to, transportation to and from my volunteering activities, any searches, callouts, providing disaster medical care, (e.g. controlling bleeding, treating shock, treating sprains and fractures, etc.) and other similar activities.

I recognize that these program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart, or other serious health problems that could prevent me from participating in any of the activities associated with K9SM. I further state that I am sufficiently physically fit to participate in the activities of K9SM.

I recognize that if I am accepted as a member of K9SM, I will be covered by the provisions of the **Good Samaritan Law** and other applicable laws during the time that I am performing approved volunteer activities. I specifically recognize that in accordance with this act, workers compensation and medical benefits from my personal provider (job etc.) shall be the exclusive remedy for any injury that I sustain in the course and scope of my approved participation, while volunteering for K9SM. In addition, I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury sustained. I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care.

I agree to release K9SM, its agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff from any said entity or person, their representatives, agents, affiliates, directors, volunteers, and employees from the cost of any medical care that I receive while participating with K9SM, or as a result of it. I further agree to release K9SM, its officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with the aforementioned activities.

I further agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

CONSENT: Consent is expressly given in the event of injury for any emergency medical aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

Consent is expressly given to media print. I grant and convey unto K9SM all right, title and interest in any and all photographic images and video or audio recordings made by K9SM during my participation with K9SM, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

Warning: By signing this document you, your family and representatives also give up the right to sue. I have read and fully understand the contents of this Liability Waiver.

Applicant's Signature _____ **Date** _____

Print Applicant's Name _____

This agreement shall be signed by every member of K9SM, annually, and submitted with annual dues.

MINIMUM PERSONAL EQUIPMENT

The following shall be carried at all times while in the field and is considered the absolute minimum necessary to function efficiently, effectively and safely.

1. Uniform including boots and leather gloves (see K9SM Uniform Policy)
2. Canteen(s), water bottle(s), or appropriate container(s) to carry minimum of 2 quarts of water
3. Two (2) Compasses (orienteeing type and one can be GPS)
4. Signal Mirror (with sighting hole)
5. Flashlight, headlamp or equivalent (with extra batteries)
6. 16 Matches in waterproof container
7. Leak-proof lighter (disposable)
8. Prepared tinder in waterproof container
9. Backup firestarter (not matches or lighter)
10. Multi-blade pocket knife or Multi-tool. (should contain locking knife blade and saw at minimum)
11. Personal first aid kit (to include adequate supplies to include canine)
12. Puff bottle or other wind direction indicator
13. Quick energy food, one-day minimum supplies for canine and handler each
14. Rain gear
15. Storm shelter (at least two of the following: tube tent, space blanket, space bag, tarp, two 45 gallon garbage bags)
16. Whistle (USCG and/or SOLAS approved)
17. Flagging tape
18. Toiletries
19. Notebook, pencil, and permanent marker
20. 10 feet duct tape
21. 12 water purification tabs in sealed container
22. 4 ziplock bags (various sizes)
23. UTM Grid Tool (1:24k)
24. Measuring Device (18 inch minimum)
25. Metal Cup or Pot
26. 50 feet parachute cord.
27. Extra pair wool socks
28. Extra headwear (stocking cap, balaclava etc.)
29. Accurate method of telling time (watch, GPS)
30. 8 zip ties
31. Chemical light stick

The following are also required but will be provided by K9SM or Incident Command.

32. Map (at least 1 per search team)
33. Radio (at least 1 per search team) with extra battery(ies)
34. GPS (at least 1 per search team)

The following should be brought to all call-outs.

35. 3 gallons water
36. Extra Uniform
37. Street Clothes
38. Sleeping bag and pad (if necessary, must be carried into the field)
39. 3 days food (handler and canine)

UNIFORM POLICY

All active members of K9SM shall have and wear the following uniforms as required. Personal safety and ability to perform as required shall always supersede the requirements of the uniform policy.

Basic Guidelines:

- A. Identification. Members should either have a K9SM patch on their outer layer of clothing, or should have their K9SM ID card available at all times while in uniform.
- B. K9SM Patches and Emblems. K9SM-issued patches and emblems may be placed only on outerwear or field packs. K9SM-issued, removable emblems on vehicles may be used, but must be removed when requested by lawful Search and Rescue agencies.
- C. Other Patches and Emblems. Affixing patches and emblems representing membership and/or certification with a recognized SAR regional or national agency (e.g., NASAR, NSSDN) to uniform, field pack or vehicle must be approved by Vice President.

Basic Field Uniform: This is the basic K9SM uniform and should be worn and/or available at all searches, mock searches, and/or training events involving other SAR agencies.

- A. Boots
- B. Tactical or EMS pants
- C. Field Team approved shirt with team logo and appropriate patches (see below)
 - 1. SAR Tech patch, on right sleeve
 - 2. K9SM patch (placement TBD)
 - 3. Other approved certification patches (tracking, first responder, etc.) may go on right or left sleeves
 - 4. Appropriate pins may go on collar
- D. Leather gloves, lined or unlined, as appropriate
- E. High visibility vest or suitable substitution

Dress Uniform: This uniform should be worn at all public events and demonstrations, presentations to law enforcement, and at indoor training seminars.

- A. Boots
- B. Tactical or EMS pants
- C. Designated team dress shirt

In addition to the above uniform the following equipment should be carried by members for use when necessary.

- A. Type III PFD (life jacket) for water search
- B. Hard Hat / Helmet for disaster search

EMERGENCY CONTACT INFO (MEMBER)

This form shall be completed by every active member of K9SM, updated once per year, and kept on file with K9SM.

Member Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Sex Male Female

Hair Color _____ Length _____ Height _____ Weight _____

Eye Color _____ Glasses/Contacts _____

Facial Hair _____ Other Distinguishing marks _____

Medical Conditions _____

Allergies _____

Medications _____

Health Insurance Provider _____ Policy# _____

Contact info _____

Dental Insurance Provider _____ Policy# _____

Contact info _____

Primary Health Care Provider _____ Physician _____

Contact info _____

Employer _____

Supervisor _____ Phone _____

Emergency Contact info:

Contact Name	Relationship	Phone (Primary)	Phone (Secondary)

EMERGENCY CONTACT INFO (CANINE)

This form shall be completed for every canine in training with K9SM, updated once per year, and kept on file with K9SM.

Canine Name _____ Handler _____

Breed _____ AKC Reg. # _____

Tattoo # _____ Location _____

Microchip manufacturer _____ Location _____

Date of Birth _____ Sex Male Female Fur Color _____ Length _____

Height _____ Weight _____ Spayed/Neutered Yes No

License # _____ City of License _____

Medical Conditions _____

Allergies _____

Medications _____

Primary Veterinary care provider _____

Physician _____ Contact Info _____

Type	Date Given	Type	Date Given
Rabies		Parvo	
Distemper		Heartworm	
Hepatitis		Bordetella	
Leptospiroses		Other:	

Emergency Contact info:

Contact Name	Relationship	Phone (Primary)	Phone (Secondary)