



Lincoln County

Office of Emergency Management

32 High Street, P.O. Box 249 - Wiscasset, Maine 04578

Phone: (207) 882-7559 Fax: (207) 882-7550

Casey Stevens, Director



Lincoln County Search and Rescue

- Applicant must be at least 18 years of age.
- Must complete an application & be subject to background check.
- Lincoln County Emergency Management Agency administers the Search and Rescue team.
- Workers Compensation and Liability insurances are listed & detailed, in M.R.S.A Title 37b section 748A.
- Members are expected to follow all policies and procedures of the team.
- LCSAR is strictly voluntary; there will be no compensation for actual work performed.
- Three levels of membership are based on different levels of training and certifications. Basic, Level I (*MASAR Certified), Level III (Team Leader).
- Within 12 months: must complete *BASAR Certification.
- (12) hours of annual training required, the team has one meeting and one training per month.

*MASAR – *Maine Association for Search and Rescue*

*BASAR – *Basic Search and Rescue*

Please complete the attached application.

LINCOLN COUNTY OFFICE OF EMERGENCY MANAGEMENT
Application for Lincoln County Search And Rescue

Last Name:

First Name:

Middle:

Home Address:

Email address:

Phone Numbers:

Home:

Cell:

Work:

Emergency Contact Person:

Phone Number(s)

QUALIFICATIONS *(check all that apply)*

Are you currently a member of a search & rescue team? Yes No

If yes, which one?: _____

Agency Name/Location: _____

Please specify any search and rescue qualifications and provide certificates.

Incident Command System (ICS) - must provide copies of certificates

Basic: *(ICS-100, ICS-700, ICS-800)*

Intermediate: *(Basic level courses and ICS-200)*

Advanced: *(Intermediate level courses and ICS-300, ICS 400)*

CPR and First aid Trained:

First Aid

Adult CPR

Child CPR

(provide year & copy of certificates)

Other Specialty Training (related to Search & Rescue) :

I _____, have received and reviewed copies of the Lincoln County Search & Rescue Team Standard Operating Procedures and Organization By-laws. I understand that once a background check is completed, and this application approved, I will be on probation for a 90-day period. During that time, I will commit to completing any/all training and certifications required to become a qualified team member. Though I am eligible to attend meetings and training session, until fully qualified, I may not participate in team activations and/or searches.

Applicant Signature: _____

Team Chief or Authorized Representative: _____ Date: _____

(Signature)

***** DO NOT WRITE BELOW THIS LINE - EMA USE ONLY *****

EMA Director Approval: _____