



**Marion County SARCOM**  
**Application Supplemental Questionnaire**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Personal History**

1) Have you ever received a traffic citation?

Yes  No

If yes, please provide date(s) and describe the nature of the incident(s):

2) Have you ever been arrested for Driving Under the Influence of Intoxicants?

Yes  No

If yes, please provide date(s) and describe the nature of the incident(s):

3) Have you ever been convicted of a crime (misdemeanor or felony)?

Yes  No

If yes, please provide date(s) and describe the nature of the incident(s):

---

**Prior Experience**

4) Have you previously been involved with search and rescue?

Yes  No

If yes, please describe:

5) Do you have experience with two-way radio systems and equipment?

Yes  No

If yes, please describe:

6) Do you possess a current Amateur (Ham) Radio Operator license?

Yes  No

If yes, please provide your call sign: \_\_\_\_\_

7) Do you possess a current first aid, CPR, and AED certification?

Yes  No

If yes, please provide the expiration date: \_\_\_\_\_

Any additional skills or information you wish to share?