



## ***Thank you for considering volunteering with BSSAR***

Being a member of Big Sky Search and Rescue (BSSAR) is a rewarding and demanding experience. We hope you will consider the level of involvement and dedication required to be a member of this organization. If BSSAR can fit into your lifestyle I know you will find the camaraderie, experience and education to be extremely satisfying.

BSSAR is an all volunteer organizations with about 30 members. The organization is a not-for-profit 501(c)3 community service group. It is represented on the Gallatin County Search and Rescue Board and works in conjunction with the Sheriff's Department. Members are called out through the use of personal pagers issued by BSSAR through the Gallatin County Dispatch Center (911). BSSAR works under an Incident Commander for all search and rescue operations.

The primary response area of BSSAR is the mountains and valleys around Big Sky, Montana. This includes the Gallatin and Madison mountain ranges and the drainages of the Gallatin River. BSSAR is also available to any agency making a request for our services.

The terrain in the BSSAR response area is mountainous with high-angle rocky slopes, swift rivers and creeks, dense forests and alpine meadows. A few lakes dot the landscape. Weather is often a challenge. Winter temperatures are always cold and can dip down to -30°C with high winds. The snow pack varies in depth between 1 to 3 meters and frequently produces avalanches. Snow is common in the winter, but can occur any month of the year. Summer temperatures can reach 40°C, and afternoon thunderstorms are common.

Common hazards in the area are: wild animals, swift water, high-angle rock, ice or snow terrain, extreme weather (such as lightning), avalanches, altitude, fires and humans exercising poor judgment. BSSAR may also be called on to assist local EMS/Fire with disaster or mass casualty incidents (MCI) such as floods, urban interface wildfire management, snow or mud slides, or with technical rescue in an urban environment. It should also be noted that Southwest Montana is the fourth most seismically active region in the US.

The Big Sky area is world famous for its outdoor recreational activities. BSSAR can find itself responding to incidents involving almost every kind of outdoor activity, including: whitewater boating, fishing, hunting, snowmobiling, mountain biking, hiking, camping, backcountry skiing, snowshoeing, climbing, birding and wildlife viewing, ORV riders, trail running, aviation activities and horseback riding.

To join BSSAR you must complete this application process, which takes a minimum of 2 months. See the following check list for details.

As a member in good standing of BSSAR, you will be eligible to receive training in a wide range of medical and backcountry skills. You will be able to put this training to work as you participate in the search and rescue missions that BSSAR is called upon to undertake every year. You will also be able to make a necessary and valuable service to the residents and visitors of southwest Montana.

We look forward to receiving your application and welcome you into our organization.

**Things to complete before becoming a BSSAR member:**

|       |   |
|-------|---|
| Check |   |
|       | Complete Member Expectations Declaration Form   |
|       | Read Functional Position Description for Wilderness Medicine Providers  |
|       | Complete Application for Membership   |
|       | Complete Gallatin County Authorization and Release of Information Form  |
|       | Contact the BSSAR President (995-3911 or <a href="mailto:bssar@bssar.org">bssar@bssar.org</a> ) to arrange 1st interview with BSSAR Board (typically the second Thursday evening of the month). |
|       | Attend BSSAR Board meeting. Bring Application, Expectations, and Authorization Forms  |
|       | Complete Navigation and Preparedness Assessment   |
|       | Optional: Complete Confidential Medical Assessment Form and seal in envelope.   |
|       | Go to the Medical Clinic at Big Sky for a physical exam and urine drug screen. Tell them it is for Big Sky Search and Rescue. BSSAR pays for these exams.                                       |
|       | Contact the BSSAR President to arrange 2nd interview with BSSAR Board   |
|       | Attend BSSAR Board Meeting. Bring ready pack and completed navigation questions. Bring optional Confidential Medical Assessment if you like.  |

# **Big Sky Search and Rescue, Inc**

## Member Expectations Declaration

Thank you for your interest in Big Sky Search and Rescue (BSSAR). Below are some aspects of your relationship with BSSAR that you should be aware of and agree to before becoming a member. Please think long and hard about these expectations before you sign off on them.

| Initial | Description  |
|---------|--|
|         | I understand that BSSAR is a volunteer organization, and there is no compensation for training or participating in a mission.  |
|         | I will attend at least 24 hours of training with BSSAR per year  |
|         | I will participate in at least half of the BSSAR missions per year (2006 stats: 25 missions. Half were cancels before full response. Average time commitment was about 4 hours, usually at night. Most missions occur on the weekends or holidays)                         |
|         | I will give a good faith effort to achieve a certification as a Wilderness First Responder (WFR), Wilderness EMT (WEMT) or EMT within 18 months.   |
|         | I will give a good faith effort to take a level 1 avalanche course (or equivalent experience) within 18 months.  |
|         | I understand that BSSAR will pay for all relevant training, within budgetary limits, as long as I remain a member in good standing.  |
|         | I understand being a member in good standing means I will have been an active member of the team for at least 6 months, and will maintain my status as per this document   |
|         | I understand that while on missions and at approved trainings I am covered under the Gallatin County Sheriff's Office workers compensation insurance.  |
|         | I will make my personal safety my highest priority during every mission and training. I will never attempt to perform a duty that I can not do while maintain the minimum safety standard for that activity. My team member safety will be my next level of concern.       |
|         | I understand that I work with the Gallatin, Madison and other county Sheriff Office. I will put forth a positive image to the community. Any criminal activity may be grounds for dismissal.   |
|         | I will never 'self-dispatch' myself to any incident. I will always check-in with the incident commander (IC), and get my job assignment. I will fulfill that assignment, as far as safely possible, and check out with IC before going home.                               |
|         | I will do my best to protect and care for all equipment loaned to me by BSSAR. I understand I may be charged for any missing, destroyed or damaged equipment loaned to me.   |
|         | I understand I will maintain a "Ready-Pack" of gear for deployment on a mission on a moments notice. This pack will have enough gear for me to survive for 24 hours in the environment I am assigned to work in. I understand I must maintain this pack at my own expense. |
|         | I understand that search and rescue activities are physically and mentally challenging. I will maintain my fitness to a level that will be an asset to BSSAR.  |
|         | I understand not all assignments require me to be outside during a mission. There are plenty of support positions needed during any activity. These are often less glamorous positions, but vital to the success of the program.   |
|         | I will not discriminate against any patient, rescue subject or team member.  |
|         | I will treat all patients, subject and team members with respect. I will not harass - sexual or otherwise - any person.  |
|         | I will always treat my patients / subjects with respect, no matter how foolish they have been to get themselves in the predicament that requires them to call us.  |
|         | I will protect the privacy of all my patients. I will never gossip or share personal information about the patient with anyone, unless required by law or in the continuation of care and treatment of the patient.  |
|         | I understand that there are moments of sheer excitement and fun training and going on a mission with BSSAR, but much of the time is spent slogging onward. I will grin and bear it well.   |

Continued on following page

You are about to invest a significant amount of personal energy into this organizations, and BSSAR will invest in you. We want to make sure that this relationship will be a long and happy one for the both of us. Thank you for your interest in BSSAR. If you have any questions about the organization or any of the points above please do not hesitate to contact us. You can contact Rocco (BSSAR President) at 406-539-0238 or [rocco@alpineinstitute.net](mailto:rocco@alpineinstitute.net) with any questions, comments or concerns.

I, \_\_\_\_\_, have read, understand and accepted all the above expectations of me by BSSAR.

X \_\_\_\_\_

The Board members of BSSAR have agreed to accept \_\_\_\_\_ on a probationary basis for the next 6 months. After 6 months we can agree to accept him/her as a full member into BSSAR, extent his/her probationary period or ask them not to participate in BSSAR.

X \_\_\_\_\_  
President BSSAR

Date: \_\_\_\_\_

# **Big Sky Search and Rescue, Inc**

## Functional Position Description for Wilderness Medicine Providers

### **Introduction**

The following qualifications, competencies and tasks are required of wilderness medical providers and rescuers. Persons who can not meet these requirements will not be placed in the field. Other positions and functions will be assigned that are equally as valuable.

### **Qualifications**

1. You must be at least 18 years of age. Generally, a high school education or equivalent is necessary to master the knowledge and skills required of wilderness medicine providers.
2. You must be able to communicate orally via radio and telephone. You must have the ability to interpret written, oral, and diagnostic form instructions. You must have the ability to read English language manuals, road and topographic maps, and road signs. You must have the ability to calculate medication dosages based on body weight/mass. You must have the ability to interview patients, family members, and bystanders. You must have the ability to document all relevant information in the prescribed format. You must have the ability to converse in English with co-workers and other rescue personnel. You must be able to perform the physical and diagnostic skills required for the level of certification. This includes determining blood pressure and lung sounds.
3. You must have the ability to assist in lifting, carrying and balancing a person weighing up to 300 pounds (136 kilograms). You must possess good manual dexterity, with the ability to perform all tasks related to the highest quality patient care. You must have the ability to access another person on uneven terrain; to work in confined spaces; and to withstand extreme environmental conditions.
4. You must have the ability to use good judgment and remain calm in high stress situations.

### **Competency Areas**

1. You must demonstrate competency in assessing a patient, handling emergencies, and utilizing Basic Life Support equipment and procedures to the level of certification.
2. You must be able to determine blood pressure and lung sounds.
3. You must demonstrate the ability to perform CPR, control hemorrhaging, properly assess and stabilize an injured spine, manage fractures and other musculoskeletal injuries, reduce simple dislocations, cleanse and dress wounds, and manage environmental emergencies.

### **Description of Tasks**

This is a generalized summary of tasks a wilderness medical care provider may perform.

1. Performs all skills related to the highest patient care while using discretion and professionalism. This includes but is not limited to acknowledging and practicing respect for the patient's rights and privacy.
2. Determines the nature and extent of illness or injury, measure pulse rates and blood pressure, assesses respiratory status (including determining lung sounds), observes changes in skin color, searches for medical alert identification. Establishes priority for emergency care. Renders appropriate care to competency level.
3. Accesses and assists in the extrication of a patient from an entrapment. Is knowledgeable and able to use or assist in the use of accepted rescue and medical techniques, procedures, and devices as needed. Assists in evacuating patient to an ambulance or medical facility. Uses accepted emergency medical techniques, procedures, and devices.
4. Reports nature and extent of illness or injury to ambulance personnel or receiving facility via radio. Establishes on-line medical control as needed. Continually reassess patient during evacuation and provides care as needed.
5. Works in extreme environmental conditions and various terrains.
6. Documents and reports both orally and in the prescribed format to ambulance or hospital personnel.

# **Big Sky Search and Rescue, Inc**

## Application for Membership

BSSAR welcomes you as a volunteer applicant. Your application will be considered with others in competition for available positions on the BSSAR roster. All information given in this application will be considered confidential and will be used solely in the consideration of the applicant's request for membership. Please type or print legibly in ink.

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Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ SS# \_\_\_\_\_

Physical Address \_\_\_\_\_

Mail Address \_\_\_\_\_

Time at above address \_\_\_\_\_ Primary phone \_\_\_\_\_

Secondary phone \_\_\_\_\_ Pager number \_\_\_\_\_

Drivers License State: \_\_\_\_\_ DL Number: \_\_\_\_\_

Email address (required): \_\_\_\_\_

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Highest level of education \_\_\_\_\_

Date of graduation \_\_\_\_\_ Degree \_\_\_\_\_

School Location \_\_\_\_\_

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Have you ever been convicted of a felony? Yes / No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Doctor \_\_\_\_\_ MD Phone \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

Preauthorization phone # \_\_\_\_\_

Vaccines

Measles Mumps Rubella (MMR) vaccination date:\* \_\_\_\_\_

Hepatitis B vaccination dates:\* \_\_\_\_\_

Tetanus, diphtheria, pertussis vaccination date:\* \_\_\_\_\_

Varicella (chicken pox) vaccination or history:\* \_\_\_\_\_

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Do your family, significant partner and/or dog support your volunteer activities with BSSAR and the time required to participate? \_\_\_\_\_

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\* Will be provided by BSSAR if not currently vaccinated.

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Phone \_\_\_\_\_ How long employed here: \_\_\_\_\_

Job Title/Type of work \_\_\_\_\_

What is your regular work schedule? \_\_\_\_\_

Does your employer support your volunteer activities with BSSAR? \_\_\_\_\_

Are you able to leave work for callouts? \_\_\_\_\_

If employed at this job for less than 2 years, please attach listing of employment history for past 2 years. Leave no time gaps and provide employer's name, address, type of work and the reason for leaving each job on the list

Did you read the functional position description? \_\_\_\_\_

Can you meet those requirements? Yes, without modification / Yes, with some modification / No

List any modifications that may be required \_\_\_\_\_

Do you have the minimum required personal equipment? \_\_\_\_\_

- Please attach a current resume including employment history, special skills (especially outdoor and navigation related), and references.
- Also, attach a cover letter stating why you wish to join BSSAR and what you feel you can add to the organization.
- Make copies of all medical and other certifications (if any) and attach to this package.

I hereby affirm that all my answers on this application are complete and true, and I understand that any false statement may result in rejection of my application. I understand that my acceptance into BSSAR may be subject in part to the answers on this application, an interview with the directors, the results of a medical examination and my successful completion of a probationary period.

Signature and date: \_\_\_\_\_

# Gallatin County Search and Rescue

615 South 16th Bozeman, MT 59715 Phone 406-582-2100

To: Gallatin County Sheriff's Office - Records Division

Authorization for examination and release of information:

I, (last, first, MI) \_\_\_\_\_,

date of birth, \_\_\_\_\_ SSN, \_\_\_\_\_,

drivers licenses number and state \_\_\_\_\_

Place of birth, \_\_\_\_\_.

Other names ever used \_\_\_\_\_

Do hereby authorize a review, full disclosure and release of any and all arrest information, criminal history records, driving history records and any information pertaining to same concerning myself by a duly authorized person of the Gallatin County Sheriffs Office.

I release the providers and users of the information collected pursuant to this authorization from any liability under state and federal privacy laws and further release the Gallatin County Sheriff's Office, its officers, agents and employees from any liability which may be incurred as a result of the collection, release and or use of the information.

The information reviewed, disclosed or released may be disseminated by the Gallatin County Sheriff's Office to an authorized member of Gallatin County Search and Rescue for use in personnel matters of any lawful purpose.

Your signature: \_\_\_\_\_

Your local mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

States I have resided in the past 10 years, \_\_\_\_\_

Date: \_\_\_\_\_



# **Big Sky Search and Rescue, Inc**

Navigation and Preparedness Assessment

## ***Please complete the following questions to the best of your ability:***

What is the latitude / longitude (or UTM) of the Big Sky Post Office?

What is the latitude / longitude (or UTM) of the fire pit located in front of the Big Sky Western Bank in the West Fork subdivision?

What street is located at N 45°15.515' W 111°18.540' (or UTM 12T 0475756 5011723)?

## ***Please bring the following items to your 2<sup>nd</sup> interview with the BSSAR Board:***

### **Minimal Ready Pack Required Items**

|   |  |
|---|--|
| Backpack<br>1 <sup>st</sup> Aid Kit (min 1 per team)<br>Seasonal/terrain appropriate footwear<br>Extra socks<br>Extra clothes (tops & bottoms)<br>Gloves<br>Hat<br>Jacket & pants (wind/waterproof)<br>Bivy sack or tarp<br>Sleeping mat<br>Note pad / pencil | Food for 24hrs<br>Water and purifier (boil, chemical, or filter)<br>Fire starting material<br>Headlamp and extra batteries / bulbs<br>Compass<br>Signal mirror<br>Whistle<br>Eye protection<br>Pocket knife / multi tool<br>Surveyors tape |
|---|--|

Optional: Outdoor Recreation Map (Beartooth Publishing), cook pot, spoon, cup, stove / fuel, shorts, toilet paper, insect repellent, cord, GPS, altimeter, camera / film, binoculars, bear spray,

### **Additional Winter Items**

|  |  |
|--|--|
| Down (or equivalent) Jacket<br>Insulated pants | Sleeping bag<br>Shovel, probe, 457kHz beacon – maybe borrowed from BSSAR |
|--|--|

Optional: Ice axe, crampons, skis / boots / poles, gators,

### **Optional High Angle Items**

|   |  |
|---|--|
| Helmet<br>Harness<br>Rappelling gloves<br>Purcell prusiks or equivalent.<br>Webbing for chest harness | Rappelling device<br>Extra carabineers<br>Extra prusiks<br>Extra webbing |
|---|--|

Optional: climbing rack

### **Optional Swiftwater Rescue Items**

|  |                                       |
|--|---------------------------------------|
| Helmet<br>PFD<br>Cold water suit (wet or dry)<br>knife | Throw-bag<br>Extra webbing<br>Booties |
|--|---------------------------------------|

# **Big Sky Search and Rescue**

Confidential Medical Record (optional)

## PART 1 General Information

Name: \_\_\_\_\_ M / F Emergency Contact \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship \_\_\_\_\_

SS# \_\_\_\_\_ Home phone \_\_\_\_\_

Street Address \_\_\_\_\_ Office phone \_\_\_\_\_

City/state/zip \_\_\_\_\_ Doctor \_\_\_\_\_

Home phone \_\_\_\_\_ MD Phone \_\_\_\_\_

Office phone \_\_\_\_\_ MD Fax \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

Preauthorization phone # \_\_\_\_\_

## PART 2 Medical Information

Allergies (medicines, foods, bites, stings) list reaction, and medications required.

\_\_\_\_\_  
\_\_\_\_\_

Medications. List condition, amount and frequency and side effects

\_\_\_\_\_  
\_\_\_\_\_

## PART 3 History

Please describe current health history. Include dates and diagnosis. Use additional sheets if necessary

Pregnancy \_\_\_\_\_

Seizure in past year \_\_\_\_\_

Diabetes \_\_\_\_\_

Hospitalization/ Emergency room visit within past year \_\_\_\_\_

Neck/ head/ back/ shoulder/ leg/ foot/ arm/ or hand problems \_\_\_\_\_

Respiratory problem, such as asthma \_\_\_\_\_

Cardiac (heart) history \_\_\_\_\_

High blood pressure \_\_\_\_\_

High cholesterol \_\_\_\_\_

Smoker (packs / day) \_\_\_\_\_

Chest pain \_\_\_\_\_

Special diet \_\_\_\_\_

Family medical history \_\_\_\_\_

Other medical injuries / illness \_\_\_\_\_

Continued on following page

PART 4 Cardiovascular fitness

Age \_\_\_\_\_ Height / weight \_\_\_\_\_

Blood pressure (within last 6 mo) \_\_\_\_\_

If greater than 150 systolic or 90 diastolic please have 2<sup>nd</sup> reading taken \_\_\_\_\_

Current exercise activity (type, frequency, time and distance)

\_\_\_\_\_  
\_\_\_\_\_

PART 5 Vaccines

Measles Mumps Rubella (MMR) Vaccination date: \* \_\_\_\_\_

Hepatitis B Vaccination dates: \* \_\_\_\_\_

Tetanus Vaccination date: \* \_\_\_\_\_

Please return this form as soon as possible. You may seal this in an envelope with your name printed over the front and your signature across the cross in the back. We will keep this sealed in your file and only open it if required in the event of an emergency.

I, \_\_\_\_\_ give my consent for any emergency anesthesia, operation, hospitalization, or other treatment that might become necessary. All information will remain confidential, except when shared with emergency medical personal.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\* Will be provided by BSSAR if not currently vaccinated.