

**Lake County Dive Team**  
**Interest Application Form**

Thank you for your interest in becoming involved in the Lake County Dive Team. Type or print an answer to every question appearing below. If questions do not apply, please state with N/A. If space available is insufficient, please use another piece of paper for your answers. Please furnish with your application, copies of all records pertaining to your qualifications.

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe why you are interested in serving on the Lake County Dive Team.

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Are you 21 years of age or older? \_\_\_\_\_

Are you a resident of Lake County? \_\_\_\_\_

Do you have the ability to be able to respond within 10 minutes of a page? \_\_\_\_\_

Do you have current Open Water Certification? If yes, please provide copies of certificates of completion. \_\_\_\_\_

List any additional training received or other skills relevant to dive team membership. Provide copies of certificates of completion.

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Other community involvement/activities/service organizations you are involved in:

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Have you been convicted of any drug, alcohol, or traffic related criminal offenses within the past 3 years? If yes, please provide details below. \_\_\_\_\_Yes \_\_\_\_\_No

Offense(s) Convicted Of:

Date:

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Please provide two character references other than family members that can be contacted.

Name

Phone Number

Relationship

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Understanding/Consent

I understand that a background, driving, and criminal record investigation may be conducted.

I understand that I may be required to provide documentation of a current medical examination performed by a licensed physician that includes the physician's signature.

I understand and acknowledge that prior to and/or during my service as a volunteer on the Lake County Dive Team, I may be required to submit to medical testing for alcohol and/or illicit and/or controlled substances, and I hereby consent to such testing.

Signature

Date

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## **LAKE COUNTY DIVE TEAM MEMBERSHIP**

At this time, the Lake County Dive Team membership is limited to nine members. If the Dive Team is at 100% membership, additional applicants will be placed on the waiting list. Those placed on a waiting list shall be considered primary replacements for openings on the team.

### **RETURN INTEREST APPLICATION:**

Via e-mail: [lakeema@lake.sd.gov](mailto:lakeema@lake.sd.gov)

In person: Doug Huntrods, Emergency Manager, 4<sup>th</sup> floor of the Lake County Courthouse

By mail: Doug Huntrods, Emergency Manager, 200 E. Center Street, Madison, SD 57042

### **BASIC ELIGIBILITY:**

Must be 21 years old or older.

Must be a resident of Lake County.

Must be able to respond within 10 minutes of a page.

Must be of good moral habits without any prior felony convictions or crime of moral turpitude; misdemeanors will be reviewed.

Must be of normal physical condition, verified by qualified medical personnel, necessary for a Dive Team Member to carry out assigned duties.

### **PREFERRED ELIGIBILITY:**

A certified diver under an approved training program.

Prior training and experience as a diver.

Prior training and experience in an emergency response agency (fire department, ambulance, law enforcement).