

**CENTRAL MASSACHUSETTS DISASTER ANIMAL RESPONSE TEAM (CMDART)
VOLUNTEER APPLICATION**

PERSONAL INFORMATION

| | | | |
|---------------------|------------|--|-------|
| First Name | Last Name | Social Security # (Optional) | |
| Address | | Driver's License #/State | |
| City/State/Zip Code | | Are you licensed to drive anything other than a car? YES___ NO___ If YES, describe: _____ | |
| Home Phone | Work Phone | Cell Phone | Pager |
| Email Address | | Any Additional Contact Information (Optional) | |

EMERGENCY INFORMATION

| | | | |
|------------|--------------|---|--|
| Contact | Relationship | | |
| Address | | City/State/Zip Code | |
| Home Phone | Work Phone | Any Additional Contact Information (Optional) | |

MEDICAL INFORMATION

| | | |
|--|---------|---|
| Do you have health ins.? YES___ NO___ | Carrier | Policy Number |
| Physician's Name: | | Physician's Contact Number: |
| Do you have current Tetanus vaccinations? If not, you must get one. Proof of vaccination is required for volunteers. YES___ NO___ | | |
| Are you on long-term medications? YES___ NO___ If YES, describe: _____ | | |
| Do you have any medical conditions, disabilities or limitations? YES___ NO___ If YES, describe: _____ | | |
| Immunizations: Hepatitis A:___ Hepatitis B:___ Rabies:___ TB:___ Small Pox:___ Other:_____ | | |
| Do you have any medical allergies? YES___ NO___ If YES, describe: _____ | | Do you have allergies to any animals? YES___ NO___ If YES, describe: _____ |

EMPLOYMENT INFORMATION

| | |
|--|----------------|
| Name, address and contact number of Current Employer: | |
| Position: | Work Schedule: |
| Name, address and contact number of Previous Employer: | |
| Position: | |

EDUCATION/TRAINING/LICENSES/CERTIFICATES

| | |
|----------------------|--|
| Name of High School: | Last Grade Completed: |
| College: | College Degree and Date of Graduation: |

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EDUCATION/TRAINING/LICENSES/CERTIFICATES, cont.

Please identify the organization, location and date from which you received the training below (HSUS, SMART, Noah's Wish, etc.):

| | |
|--------------------------------------|---|
| FEMA ICS 100: | FEMA NIMS (IS-700): |
| FEMA Animals in Disaster A (IS-10): | FEMA Animals in Disaster B (IS-10): |
| FEMA Livestock in Disaster (IS-111): | FEMA Intro to Hazardous Materials (IS-5): |
| Other FEMA Courses: | HSUS DART: |
| HSUS Other: | Search and Rescue Training: |
| Emergency Animal Sheltering: | Large Animal Rescue Training: |
| Technical Animal Rescue: | CPR/First Aid: |
| EMT (describe): | Firefighting Certification: |
| Red Cross Pet First Aid: | Other Red Cross Courses: |

Other Courses: _____

ANIMAL HANDLING EXPERIENCE

DOGS ___ CATS ___ HORSES ___ DONKEYS ___ CATTLE ___ SHEEP ___ GOATS ___ PIGS ___ BIRDS ___
 REPTILES (TYPE) _____ WILDLIFE (TYPE) _____ EXOTICS (TYPE) _____

Have you ever volunteered in a disaster? If so where, when and did it include animal handling? YES ___ NO ___

Have you ever personally been affected by a fire, hurricane or other disaster? What and when?

Have you ever humanely trapped animals? YES ___ NO ___
 If YES, please explain: _____

Are you afraid of any animals? YES ___ NO ___
 If YES, what? _____

Have you ever worked at an Animal Shelter or fostered animals? YES ___ NO ___
 If YES, please explain: _____

Do you have any instruction / teaching experience? YES ___ NO ___
 If YES, please explain: _____

AVAILABILITY

What would be your availability during a disaster?
 MORNING ___ AFTERNOON ___ EVENING ___ WEEKDAYS ___ ANY TIME ___ NUMBER OF WEEKS ___

Would you be able to travel at your own expense to disasters in other areas?
 Driving: YES ___ NO ___ Flying: YES ___ NO ___

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VOLUNTEER RESOURCES AVAILABLE DURING A DISASTER

Car Make & Model _____ Truck Make & Model _____ Trailer Make & Model _____

Boat Make & Model _____ Camper Make & Model _____ Tent Make & Model _____

4-Wheel Vehicle Make & Model _____ Kennel Space Size & Location _____

Animal Cage(s) # _____ Size _____ & Type _____ Other _____

Are the vehicles you may use for volunteering insured? YES ___ NO ___

Insurance Carrier _____ Policy Number _____

ADDITIONAL VOLUNTEER INFORMATION

What volunteer function are you interested in? Please be specific.

Why do you want to volunteer with an animal disaster team?

REFERENCES

Please list at least one reference that we may contact. Please do not list relatives.

| NAME | ADDRESS | PHONE | RELATIONSHIP |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

I do hereby give the **Central Massachusetts Disaster Animal Response Team (CMDART)** permission to inquire into my education, references, driving record, employment, volunteer history, or police record. I further give permission to the holder of any such records to release same to other disaster animal response teams or other emergency response agencies with whom CMDART may affiliate. I hereby hold CMDART harmless of any liability, whether civil or criminal, that may arise as a result of the release of this information. I further hold harmless any individual, agency, business or corporation that provides information or documents to CMDART. I understand that CMDART will use this information as part of its verification of my volunteer application. I further understand that as a CMDART volunteer member, I am not paid for services.

Signature of applicant: _____ Date: _____

Printed name of applicant: _____

By my initial here, I agree to have this information distributed to other animal disaster response teams and other emergency service agencies including the **State of Massachusetts Animal Response Team (SMART)**, the **Humane Society of the United States**, local Emergency Agencies and other potential responders.

_____ Please initial.