

**Community Animal Response Team (CART) Volunteer Information Form
September 2009**

Purpose: The purpose of this form is to gather contact, training, experience and basic medical information from each volunteer. This information helps each CART's leadership determine the skills and resources the team will be able to offer and helps identify any issues the leadership may need to take into consideration for each volunteer. *Please note that it is the volunteer's responsibility to alert his team's leadership with regard to any changes associated with this information especially any changes that would affect his performance or abilities if deployed.*

Name	/ / Date of Birth		
Address ()	City ()	State ()	Zip Code ()
Daytime Phone #	Evening Phone#	Cell Phone #	
Email Address(es)			

Skills / Experiences (mark all that apply)

<input type="checkbox"/> Veterinary Medicine	<input type="checkbox"/> Dog Trainer	<input type="checkbox"/> Communications / PR
<input type="checkbox"/> Livestock Handling	<input type="checkbox"/> Animal Groomer	<input type="checkbox"/> Computers/ Web Design
<input type="checkbox"/> Small Animal Handling	<input type="checkbox"/> Certified in Human First Aid	<input type="checkbox"/> Certified in CPR
<input type="checkbox"/> Exotics and Wildlife Handling	<input type="checkbox"/> Certified in Pet First Aid	<input type="checkbox"/> Administration / Management
<input type="checkbox"/> Equine Handling	<input type="checkbox"/> Dog Club Member	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Animal Sheltering	<input type="checkbox"/> Boarding Kennel Experience	<input type="checkbox"/> Photography
<input type="checkbox"/> Wildlife Rehabilitation	<input type="checkbox"/> Customer Service	<input type="checkbox"/> CDL License
<input type="checkbox"/> Stable Management	<input type="checkbox"/> Amateur Radio Operator	<input type="checkbox"/> Heavy Equipment Operator (i.e. forklift)
		<input type="checkbox"/> Driver's License

Other (please specify) _____

Willing To Do (mark all that apply)

<input type="checkbox"/> Animal Care	<input type="checkbox"/> Animal Rescue	<input type="checkbox"/> Manage Phones
<input type="checkbox"/> Animal Health Care	<input type="checkbox"/> Office Work	<input type="checkbox"/> Damage Assessment
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Driving	
<input type="checkbox"/> Large Animal Transport	<input type="checkbox"/> Shelter Clean-up	

***Training Experience (mark all that apply)**

<input type="checkbox"/> VMD/DVM	<input type="checkbox"/> IS 100a (Intro to ICS)**	<input type="checkbox"/> IS 700 (NIMS Intro) **
<input type="checkbox"/> LVT	<input type="checkbox"/> IS 200a (ICS for Single Resources) **	<input type="checkbox"/> IS 800b (NRF Intro)
<input type="checkbox"/> Permitted Rehabilitator	<input type="checkbox"/> ICS 300 (Intermediate ICS)	<input type="checkbox"/> IS 10 (Animals in Disasters)
<input type="checkbox"/> HAZMAT Awareness	<input type="checkbox"/> ICS 400 (Advanced ICS)	<input type="checkbox"/> IS 11 (Animals in Disasters)
<input type="checkbox"/> Other (please specify below)		<input type="checkbox"/> IS 111 (Livestock in Disasters)

*See CART Roles and Responsibilities for required training or experience.

**Minimum requirement for deployment.

Vaccination / Medical History (mark all that apply)

<input type="checkbox"/> Rabies Pre-exposure	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
Date	Date	Date	Date
<input type="checkbox"/> Rabies Titer	<input type="checkbox"/> Titer Result: _____	<input type="checkbox"/> Respirator Fit Tested	<input type="checkbox"/> Seasonal Influenza Vaccine
Date		Date	Date

Do you have any physical restrictions/disabilities/chronic medical issues? Yes No
If yes, please describe below.

Is there any additional health information you think would be important to disclose in case of a medical emergency while deployed?
Yes No If yes, please describe below.

Do you have medical insurance? Yes No

Please list below information about contacts in the event you are injured while deployed:

Primary contact: _____

Relationship to member: _____

Address: _____

Phone numbers (daytime & evening): _____

Secondary contact person: _____

Relationship to member: _____

Address: _____

Phone numbers (daytime & evening): _____

Do you have your own transportation? Yes No

Do you have any equipment / products/resources that you could offer the team? If so, please describe below.

Please answer the following. For any affirmative response, please attach an explanation of the occurrence(s), making sure to include dates, agencies involved, case numbers, disposition and any additional information that you feel would assist us in making a membership decision:

- | | | |
|--|-----|----|
| 1. Have you ever been convicted of animal cruelty or neglect? | Yes | No |
| 2. Have you ever knowingly obtained an animal illegally? | Yes | No |
| 3. Have you ever been arrested for, charged with, or convicted of a felony or non-traffic misdemeanor? | Yes | No |

Please sign your name next to the following statements to indicate that you have read and understand each one.

1. I understand that I may be subject to a background check as a part of the application process. _____

2. I understand that my application may be declined for any reason without explanation. _____

3. I understand that the supervising authority may dismiss me from the team for any reason without explanation. _____

I hereby certify that all entries on this registration form are true and complete. I agree and understand that any falsification of information herein, regardless of the time of discovery, may cause forfeiture on my part of my volunteer position in the service of the Commonwealth of Virginia. I understand that all information on this registration is subject to verification and I consent to credential and criminal history background checks. I understand that information contained here may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the program coordinator or designee. I also understand that completion of the application does not guarantee that I have been approved as a Volunteer.

I understand that the Virginia State Animal Response Team Board of Directors (VASART) and/or team coordinator or designee of any Community Animal Response Team (CART) will only use my personal information as it directly relates to my role as a volunteer with VASART or CART.

CART Member Name (printed): _____

CART Member Signature: _____

Date: _____