

New England Animal Disaster Planning Advisory Committee (ADPAC)

VOLUNTEER APPLICATION FORM

Date _____

Name _____ Occupation _____

Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Telephone (Work) _____ (Home) _____

May we contact you at work? Yes No Cell/Pager # _____

E-mail Address (Work) _____ (Home) _____

Employer Name & Address (optional) _____

Emergency Contact _____

Relationship _____ Phone _____

Education _____

Professional Skills/Training _____

Volunteer Experience (especially working with animals)

Years Organizations Positions/Activity

Availability for Meetings/Training Days Nights Weekends Any

During a declared emergency, when would you be available to help? (Check all that apply)

Days Nights Weekend Days Weekend Nights N/A

Are you currently vaccinated against Tetanus Rabies? (Enclose copy of certificates)

Do you have any equipment/supplies that you could make available during a disaster? (i.e. horse trailer, 4-wheel drive vehicle, animal carriers, etc.) _____

Please circle assignments that you would be willing to perform during a disaster:

- | | | | |
|-----------------------------|----------------------|-------------------|-------------------|
| 1. Set-up | 2. Break-down | 3. Transportation | 4. Clerical |
| 5. Telephone Duty | 6. Computer Operator | 7. Inventory | 8. Coordinator |
| 9. Grief Counselor | 10. Electrical | 11. Plumbing | 12. Trash Removal |
| 13. Construction | 14. Laundry | 15. Cleaner | 16. Procurements |
| 17. Lab Tech | 18. Grooming | 19. Vet Tech | 20. Veterinarian |
| 21. Animal Care | 22. Record Keeping | 23. Foster Care | 24. Photography |
| 25. Animal Diet Preparation | 26. Other | | |

Please return completed questionnaire to:

Abigail Tefft

HSUS New England Regional Office

PO Box 619

Jacksonville, VT 05342

E-mail nero@hsus.org or call 802-368-2790 for more information.