



Cape Cod Disaster Animal Response Team (CCDART) Volunteer Application

PERSONAL INFORMATION	
First Name	Last Name
Address	
City/State/Zip	
Home Phone	Cell Phone
Email address	Any additional contact information
IN CASE OF EMERGENCY	
Contact	Relationship
Address	City/State/Zip
Best phone for contact	Any additional contact information
MEDICAL INFORMATION	
Health insurance? YES ___ NO ___	Carrier
Do you have current Tetanus vaccinations? It is highly recommended that you have up-to-date vaccinations. YES ___ NO ___	
Are you on long-term medications? YES ___ NO ___ TYPE _____	Do you have any medical conditions that we should be aware of in case of emergency? YES ___ NO ___ If yes, explain _____
Do you have any medical allergies? YES ___ NO ___ If yes, explain _____	Do you have allergies to animals? YES ___ NO ___ SPECIES _____
Have you had a Rabies Vaccination or Titer in the past 5 years? YES ___ NO ___ If yes, date received _____	Please list any other immunizations:
EMPLOYMENT INFORMATION	
Name and address of current employer	
Position	
VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS	
<p>The Cape Cod Disaster Animal Response Team (CCDART) reserves the right to request information and conduct a background investigation, including, but not limited to, a request for a CORI report on all applicants.</p> <p>In acknowledgement of this fact, I do hereby give CCDART permission to inquire into my education, references, driving record, employment, volunteer history, or police record. I further give permission to the holder of such information or records to release the same to CCDART. I hereby hold CCDART harmless of any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or records about me to CCDART. I understand that CCDART will use this information as part of its verification of my application to become a volunteer.</p> <p>I further understand that as a CCDART volunteer, I am not paid for my services.</p>	
<hr/> Printed name of applicant	
<hr/> Signature of applicant & date	



Cape Cod Disaster Animal Response Team (CCDART) Volunteer Application

TELL US ABOUT YOURSELF

Please use this section to tell us about your education, training licenses, animal handling experience and other volunteer experience that you would bring to CCDART.

Tell us why you want to volunteer for CCDART and are you ready, willing, and able to deploy when called upon for a local disaster?

CCDART requires a \$25.00 nonrefundable training fee. Please include a check or money order made payable to CCDART and return with this application to:

Cape Cod Disaster Animal Response Team
P.O. Box 325
West Barnstable, MA 02668