

Newton, Massachusetts Animal Response Team

Volunteer Form

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 ___ What _____	
Home Phone		Work Phone		Cell Phone	
				Pager	
Email address			Any additional contact information		
IN CASE OF EMERGENCY					
Contact			Relationship		
Address			City/State/Zip code		
Home Phone		Work Phone		Any additional contact information	
MEDICAL INFORMATION					
Do you have health insurance?		Carrier		Policy Number	
YES ___ NO ___					
Do you have current Tetanus vaccinations? If not, you must get one. Proof of vaccination required for volunteers. YES ___ NO ___					
Do you have current rabies vaccination? YES ___ NO ___					
Are you on long term medications?			Do you have any medical conditions that we should be aware of in case of emergency?		
YES ___ NO ___ If YES, type _____			YES ___ NO ___ If YES, explain _____		
Do you have any medical allergies?		Do you have allergies to any animals?		Are you afraid of any animals?	
YES ___ NO ___ If YES, explain _____		YES ___ NO ___ TYPE _____		YES ___ NO ___ TYPE _____	
EMPLOYMENT INFORMATION					
Name and Address of Current Employer					
Position			Work Schedule		
Does your current job or do any of your past jobs require you to perform duties relevant to the Newton Animal Response Team?					
EDUCATION/TRAINING/LICENSES					
Please List education level, degree(s) earned, relevant certifications or licenses you hold.					

ANIMAL HANDLING EXPERIENCE					
___ DOGS ___ CATS ___ HORSES ___ DONKEYS ___ CATTLE ___ SHEEP ___ GOATS ___ PIGS ___ BIRDS ___ REPTILES-TYPE _____ ___ WILDLIFE-TYPE _____ ___ EXOTICS- TYPE _____					
Have you ever humanely trapped animals? ___YES ___NO If YES, EXPLAIN _____					
What previous animal related experience do you have? Does any of your experience include helping animals during a disaster?					

VOLUNTEER RESOURCES AVAILABLE DURING A DISASTER

___ CAR-TYPE _____ ___ TRUCK-TYPE _____ ___ TRAILER-TYPE _____
___ BOAT-TYPE _____ ___ CAMPER-TYPE _____ ___ TENT-TYPE _____
___ 4-WHEEL VEHICLE-TYPE _____ ___ KENNEL SPACE _____ ___ ANIMAL CAGES-TYPE/# _____

Are any of the vehicles you might use while volunteering for the Newton Animal Response Team insured? ___ YES ___ NO

Insurance Carrier _____ Policy Number _____ Renewal Date _____

What would your availability be during a disaster?

___ MORNING ___ AFTERNOON ___ EVENING ___ WEEKDAYS ___ ANY TIME ___ 1 WEEK ___ 2 WEEKS ___ 3 WEEKS ___ 4 WEEKS

Would you be able to travel at your own expense to disasters in other areas?

DRIVING ___ YES ___ NO FLYING ___ YES ___ NO

Why do you want to volunteer with the Newton Animal Response Team?

Have you volunteered with other organizations? Please list dates and positions held.

Additional Comments:

WHAT VOLUNTEER POSITION ARE YOU INTERESTED IN? PLEASE BE SPECIFIC!

REFERENCES

Please list at least two references 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 Newton Animal Response Team permission to enquire 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 the same to the Newton Animal Response Team. I hereby hold the Newton Animal Response Team 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 documents to the Newton Animal Response Team. I understand that the Newton Animal Response Team will use this information as part of its verification of my volunteer application. I further understand that as a Newton Animal Response Team volunteer member, I am not paid for my services.

Name of Applicant (please print)

Signature of Applicant & Date

Please Complete this form and return to:

Captain Paul Anastasia
Newton Police Department
1321 Washington St
Newton, MA 02465

FAX (617) 796-3687