

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?					

