

3699510-90805OKALOOSA COUNTY

PET EVACUATION SHELTER

Volunteer Application/Profile

APPLICANT INFORMATION			
Last Name	First	M.I.	DOB:
Street Address		Apartment/Unit #	
City	State	ZIP	
Home #	E-mail Address		
Cell#	Social Security#	Drivers Lic.#	
Emergency Contact: Name	Address	Phone	
Languages Spoken Other Than English:	T-Shirt size: Med. <input type="checkbox"/> Lrg. <input type="checkbox"/> Xlrg. <input type="checkbox"/>		

MEDICAL		
Do you have health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Carrier	Policy Number
Do you have a current tetanus vaccination? Yes <input type="checkbox"/> No <input type="checkbox"/>	Note: If "No," you must get one. Proof of the vaccination will be needed prior to your being allowed to volunteer. If "Yes," date of last tetanus vaccination? _____	
Have you had rabies pre-exposure vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any medical conditions that shelter staff should be made aware of in case of emergency (e.g. allergies, particularly to animals (If so, specify type), seizures, diabetes, long-term medications, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please explain.		

ANIMAL HANDLING EXPERIENCE					
<i>Check all that apply</i>					
Dogs <input type="checkbox"/>	Cats <input type="checkbox"/>	Birds <input type="checkbox"/>	Reptiles (list type) <input type="checkbox"/>	Exotics (list type) <input type="checkbox"/>	Wildlife (list type) <input type="checkbox"/>
What previous animal-related experience do you have? Please explain:					

AVAILABILITY AND INTEREST INFORMATION

What would your availability be before, during, and/or after a disaster?

Mornings Afternoons Evenings All Day All Night Any Time Needed
Weekends Week Days Any Days Needed

At what points during a disaster are you willing to commit to volunteering?

Before the Disaster During the Disaster After the Disaster All

How long will you commit to volunteering during a disaster?

One Day A Few Days One Week Two Weeks As Long As Needed Other (Explain)

Are you willing to stay at the shelter for humans during a disaster? Yes No

Of the following listed duties, please check all that you are willing to perform or are interested in:

Administrative (Registration, Documentation, Intake and Out-Processing, etc.) Shelter Set-Up and Take-Down
Animal Care All/Anywhere Needed Other (explain)

List any skills and/or training you possess that you think may be of help in the operation of a pet evacuation shelter (e.g. computer skills, disaster response training, medical training, veterinary training, CPR certification, etc.).

List any resources you may have that you would be willing to donate temporarily to the shelter if needed (e.g. enclosed trailer, pet kennels/crates, laptop computer, digital camera, etc.).

**READ THIS SECTION CAREFULLY BEFORE SIGNING!
AS A VOLUNTEER WITH OKALOOSA COUNTY ANIMAL SERVICES AND ITS PET EVACUATION SHELTER, YOU MUST AGREE TO THE FOLLOWING:**

1. You will represent Okaloosa County in a professional manner at all times while volunteering.
2. You are required to have your own Disaster Preparedness Plan for your family and pets. You must be willing to evacuate your family and pets to another area so that as many spaces as possible can be made available at the shelter(s) for those who do not have the means to evacuate.
3. You will follow the rules and procedures outlined during the volunteer training workshop conducted by Okaloosa County Animal Services.
4. You will follow all orders given by your supervisors that pertain to the operation of the shelter.
5. You will not discuss shelter operations with the media without approval from your supervisor.
6. No guns or other weapons are allowed to be in your possession while volunteering.
7. Illegal drugs and alcohol are not permitted while volunteering.
8. Smoking is permitted only in designated areas AFTER it has been determined these areas are safe (no gas or fuel leaks, etc.).
9. You will use equipment and facilities in a manner so as not to damage them and will be held responsible for any damages incurred as a result of negligence or intentional misuse or abuse on your part.
10. You will treat fellow volunteers, evacuees and their animals, supervisors, County personnel, and all others with patience, kindness, and respect at all times.
11. If at any time you observe a situation or condition you feel could be hazardous to either animals or people, you will report it immediately to your supervisor.
12. Volunteering during a disaster and working with animals, particularly animals that are stressed, both have inherent risks. You are volunteering on an "AT YOUR OWN RISK" basis, and you and your heirs will hold the County, the shelter host, the shelter staff forever harmless should injury or death occur.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND, AGREE TO, AND WILL ABIDE BY THE CONDITIONS SET FORTH ABOVE.

Signature

Date

INTERVIEW

Applicant Name

Last

First

M.I.

SS #

DO NOT WRITE BELOW THIS LINE

NOTES

Interviewed by

Date