

# DISASTER RESPONSE VOLUNTEER FORM

Please Print

NAME \_\_\_\_\_ AGE (IF UNDER 18) \_\_\_\_\_

PHONE—DAY (AREA CODE INCLUDED) \_\_\_\_\_ EVENING \_\_\_\_\_ OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## WILLING TO HELP WITH

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Animal Care               | <input type="checkbox"/> Animal Rescue                | <input type="checkbox"/> Shelter Clean-Up  |
| <input type="checkbox"/> Fostering shelter animals | <input type="checkbox"/> Emergency Phone Tree         | <input type="checkbox"/> Customer Service  |
| <input type="checkbox"/> Data Entry/Office Work    | <input type="checkbox"/> Driving/Transporting Animals | <input type="checkbox"/> Damage Assessment |
| <input type="checkbox"/> Other _____               |   |  |

## ANIMAL PREFERENCE(S)

- |                                       |                                      |  |                                  |                                 |
|---------------------------------------|--------------------------------------|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Cats         | <input type="checkbox"/> Dogs        | <input type="checkbox"/> Small Animals | <input type="checkbox"/> Rabbits | <input type="checkbox"/> Horses |
| <input type="checkbox"/> Farm Animals | <input type="checkbox"/> Other _____ |  |                                  |                                 |

## SKILLS

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Veterinary Medicine         | <input type="checkbox"/> Animal Rescue               | <input type="checkbox"/> Small Animal Handling |
| <input type="checkbox"/> Exotics & Wildlife Handling | <input type="checkbox"/> Equine/Farm Animal Handling | <input type="checkbox"/> Customer Service      |
| <input type="checkbox"/> Administration/Management   | <input type="checkbox"/> Communications              | <input type="checkbox"/> Computer              |
| <input type="checkbox"/> Other _____                 |  |  |

WHEN AVAILABLE	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							
Overnight							

STARTING DATE AVAILABLE \_\_\_\_\_ LENGTH OF TIME AVAILABLE (1 WK, 1 MON, OPEN) \_\_\_\_\_

SPECIAL EQUIPMENT / RESOURCES OFFERED \_\_\_\_\_

NOTES (STAFF USE ONLY) \_\_\_\_\_