



VOLUNTEER APPLICATION

(Please complete this application, sign and date)

Full Name: _____
Last
First
M.I.

Address: _____
Street Address
City
Zip Code

Cell Phone #: _____ Home Phone #: _____

Email Address: _____ Best Way To Contact: ___Phone ___Text ___Email

Driver's License #: _____ Expiration Date: _____

Emergency Contact Name: _____ Relationship: _____

Phone #: _____ Alternative Phone #: _____

Are you 18 years of age or older?: ___Yes ___No

Have you ever been convicted of a felony? ___Yes ___No

Please provide the completion dates of any of the following training courses that you have taken. **Include a copy of your certificates with application.**

WORKSHOP / COURSE	COMPLETION DATE
"Introduction To the CCADT" Volunteer Orientation Workshop	
"The Basics of Emergency Animal Sheltering" Workshop	
"Pet First-Aid for Emergency Responders" Workshop (Red Cross Pet First-Aid/CPR is also accepted)	
"Disaster Preparedness For Pets" Workshop	
FEMA IS-100.c Introduction to the Incident Command System	
FEMA IS-200.c Basic Incident Command System for Initial Response	
FEMA IS-700.b Introduction to National Incident Management System (NIMS)	
FEMA IS-800.c Introduction to the National Response Framework (NRF)	
FEMA IS-10.a Animals in Disasters: Awareness & Preparedness	
FEMA IS-11.a Animals in Disasters: Community Planning	
FEMA IS-111.a Livestock in Disasters	

(CCADT VOLUNTEER APPLICATION - Continued)

ADDITIONAL CERTIFICATIONS

List any additional emergency response or animal rescue organizations certifications that you have. **Include a copy of certificates with application.**

CERTIFICATIONS	DATE OF COMPLETION

TRAINING & EXPERIENCE

Please identify any additional skills/experience that you may offer. For any animal rescue training, include a copy of certificate with application.

- _____ Animal Sheltering Experience If yes, where? _____
- _____ Animal Rescue Experience If yes, where or what organization? _____
- _____ Livestock Handling What types of livestock? _____
- _____ Equine Experience _____ Experience in safely loading a horse into a trailer? _____ Yes _____ No
- _____ Experience driving horse, stock, or utility trailers _____ Gooseneck _____ Bumper Pull
- _____ Bird Handling List types: _____
- _____ "Pocket Pets" (i.e. rodents, guinea pig, hamster) List type(s): _____
- _____ Reptile Handling List types: _____
- _____ Wildlife Rehabilitation Where? _____
- _____ Swift or Flood Water Rescue (include certificate of completion)
- _____ Veterinary Assistance Please list type of license (i.e. DVM; RVT, VT) _____
- _____ Technical Animal Rescue (include certificate of completion)
- _____ Volunteer Management
- _____ Donations Management
- _____ Administrative / Clerical Skilled in: _____ MS Word _____ Excel _____ Data Entry
- _____ Public Speaking _____ Experience as a Media Spokesperson
- _____ Foreign Language(s); please list: _____
- _____ Experience driving heavy/farm equipment
- _____ Construction/General Repairs

Additional: _____

(CCADT VOLUNTEER APPLICATION - Continued)

VACCINE HISTORY

Important: Please include copy of your vaccine documentation with your application

VACCINES	DATES
Tetanus	
Hepatitis A	
Hepatitis B	
Pre-Exposure Rabies	

I understand that based on the completion of the CCADT volunteer application and disclaimer forms, the screening process, and any available volunteer training and orientation, the CCADT CEO and/or the Operations Director reserves the right to determine who will be approved as a volunteer. During an incident, volunteers will be deployed at the discretion of the Volunteer Coordinator, Operations Director, and/or Chief Executive Officer.

I understand that volunteering with the CCADT may require travel to an incident within one of the seven counties - Fresno, Madera, Kings, Tulare, Mariposa, Merced, and Kern; and may require being away from my job and home for a pre-determined length of time. Although best efforts will be made by the CCADT, I understand that travel costs may not be reimbursed either before, during, or after the deployment. I will not be compensated for my deployment time.

If called upon, I understand that I'm not obligated to participate in any response.

While deployed and working with the CCADT at an incident, I am expected to abide by the organization's professional Code of Conduct.

I agree to abide by the authority of the CCADT and the county's emergency response agencies (law enforcement, animal control, fire department, etc.) and to follow instructions while participating under their leadership.

By signing below, you agree that you have read and understand the above disclaimer, and that all information you have provided in the application is true and accurate.

Signature: _____ **Date:** _____

Printed Name: _____

Please return this application via postal mail OR scan and email to:

**Mariposa, Madera, Merced, Fresno,
Kings & Tulare Counties**

**Annette Omachi
Central CA Animal Disaster Team
5132 N. Palm Ave., PMB 113
Fresno, CA 93704
annetteomachi@ccadt.org**

Kern County

**Ervin "Butch" Reyburn
CCADT GTV
P.O. Box 1911-183
Tehachapi CA 93561
butchreyburn@ccadt.org**