



_____ **County Animal Response Team**
Volunteer Questionnaire

Last Name: _____ First Name: _____

Organization & Title (if applicable): _____

Street/Apt #: _____

City/State/Zip: _____

Township: _____

Email Address: _____

Phone Numbers (please indicate which number to call first):

Home: _____

Work: _____

Cell: _____

Fax: _____

Pager: _____

1. I am interested in volunteering for (check all that apply):

- Emergency Planning
 - Resource location
 - Volunteer recruitment
 - CART plan & template design/update
 - Training opportunity location

- Emergency Response
 - Search & rescue
 - Medical assistance/triage
 - Shelter maintenance
 - Transportation/hauling
 - Please specify: _____

- Administration & Public Relations
 - Recording secretary
 - Promotional events
 - Website updates
 - Telephone hotline (during emergency)
 - Mailings

- Resource Donation
 - Equipment & supplies
 - Please specify: _____
 - Shelter space
 - Please specify: _____
 - Storage space (for equipment & supplies donated)
 - Please specify: _____
 - Monetary donation



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2. I have experience with the following (check all that apply):

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cats | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Equine | <input type="checkbox"/> Camelids |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Reptiles |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Birds |
| <input type="checkbox"/> Goats | <input type="checkbox"/> Wildlife |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Zoo animals |
| <input type="checkbox"/> Other: _____ | |

Description of background and animal related skills:

- Veterinarian
License Number: _____
- Veterinary Technician

3. I have applicable training in areas such as emergency response or animal related training (list training or attach separate list of training background):

Training Course	Date of Course	Training Provider

4. I speak another language:

Language spoken: _____