VOLUNTEER APPLICATION

PO Box 1423 White River Junction, VT 05001 | 802.598.9737
info@vermontdart.org | www.VermontDART.org

Please complete and mail or email to VDART

Name: _____   Date: _____

Address: _____

City: _____   State: _____   Zip: _____

Phone: _____

Home: _____   Work: _____   Cell: _____

Email(s): _____   Fax: _____   Cell Carrier: _____

Vermont DART requires the following training to be a Level 1 Volunteer.
Please check any training you have completed and attach copies of your certificates or email them to:
blonderee@humanesociety.org

- ☐ FEMA IS-100:   Introduction to the Incident Command System (ICS)
- ☐ FEMA IS-700a: National Incident Management System (NIMS), An Introduction
- ☐ FEMA IS-10:   Animals in Disaster, Module A - Awareness & Preparedness
- ☐ FEMA IS-11:   Animals in Disaster, Module B – Community Planning
- ☐ FEMA IS-111:   Livestock in Disasters

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1. I have experience handling: ☐ Dogs ☐ Cats ☐ Small Exotics
☐ Horses ☐ Livestock ☐ Other Please specify

2. Ever been deployed to a disaster? ☐ Describe any other relevant experience? _____

3. I am willing to be deployed anywhere in Vermont
☐ Yes   ☐ No, only within my surrounding area

4. I own or have access to the following assets which can be used in a disaster

Asset	Quantity	Size	Type
4 Wheel Drive Vehicle			
Boat			
Dog Crate			
Cat Crate			
Livestock Trailer			
Camping Trailer			
Other			

5. I have received the following vaccination(s)

Tetanus ☐   Date _____   Hepatitis B ☐   Date _____
Rabies ☐   Date _____   Hepatitis A ☐   Date _____

6. I am willing to provide the following assistance (check all that apply):
☐ Hands-on animal care ☐ Transportation of (☐ small animals; ☐ large animals)
☐ Field Service ☐ Phone assistance ☐ Clerical ☐ Equipment Maintenance - Please describe
☐ Other (please describe): _____

7. In addition to English, I am fluent in _____

(OVER)

VDART Training and Volunteer
Waiver and Release of Liability

This is a legal document – please read carefully and be sure you understand it before signing.

I, (PRINT NAME HERE) _____, have voluntarily applied to participate in a training or other volunteer event or activity sponsored by the Vermont Disaster Animal Response Team and/or its affiliates (hereinafter referred to as "VDART").

As a condition to participating as a VDART volunteer, including by participating in VDART training, I agree as follows and have initialed each item to indicate that agreement:

___ I am aware that this is a contract between me and VDART and that it waives legal rights that I may have now or in the future and releases VDART and others from claims for damages.

___ **I AM VOLUNTARILY PARTICIPATING IN VDART ACTIVITIES WITH FULL KNOWLEDGE OF THE RISKS AND NATURE OF THE TASKS INVOLVED. I AGREE TO ACCEPT ANY AND ALL RISKS ASSOCIATED WITH MY PARTICIPATION, INCLUDING BUT NOT LIMITED TO INJURY AND ILLNESS.**

___ I understand there are risks and dangers associated with working with dogs and other animals, including but not limited to, bites, scratches, zoonotic diseases (diseases transmitted from animals to humans), and allergic reactions. The risks of working with dogs and other animals also include human bodily injury or death resulting from dog bite or other attack. I fully understand and accept all risks and dangers of personal injury, death or property damage arising out of these trainings or other volunteer activities, regardless of cause.

___ I fully assume all the risks involved with my volunteer activities, and acknowledge that they are acceptable to me. I agree to use my best judgment in undertaking these activities. I also agree to follow the rules and safety instructions as communicated from time to time by VDART representatives.

___ I agree that I will not sue, prosecute, or in any way make a claim against VDART for injury to me or damage to my property resulting from the negligence or other acts, howsoever caused, of any employee, director, officer, agent, volunteer or contractor of VDART or other any other person as a result of my participation.

___ I fully and forever release and discharge VDART, its employees, directors, officers, agents, volunteers and contractors from any and all actions, causes of action, claims, liabilities, or demands I have or may have in the future, whether known or unknown, for injury, illness, death or damage arising out of or related in any way to my participation in any VDART event or program. I agree that the rights I am giving up and agreements I am making apply equally to me and to my heirs, successors, assigns, guardians and legal representatives. I agree that none of those persons may make any claim or take any action that I could not make or take myself.

___ I agree that this Waiver and Release of Liability protects and is for the benefit of Vermont Disaster Animal Response Team, and also for its affiliates, and their respective employees, officers, directors, consultants, volunteers, licensees, agents, contractors and all others acting on their behalf. I also agree that I may not make any claim or take any action against any of those affiliates or individuals that I could not make or take against VDART itself.

___ I intend to fully and voluntarily waive any rights I have as described in this Waiver and Release of Liability. To the extent that legal consideration is required for the terms of this Waiver and Release of Liability to be effective, I agree that I have received good, valuable and sufficient consideration by being permitted to attend the training or other event sponsored by VDART on or after the date hereof.

___ I hereby give my permission to have my photo taken for VDART use during events. I give my permission for my photo to be used in VDART promotional and other materials, such as in connection with fundraising or on the website.

VOLUNTEER:

I AM OVER THE AGE OF 18, HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND ACCEPT AND SIGN IT OF MY OWN FREE WILL.

_____   _____ _____
       Signature of Volunteer   Printed Name of Volunteer   Date

WITNESS:

_____   _____ _____
       Signature of Witness   Printed Name of Witness   Date