

INDIANA VETERINARY MEDICAL RESERVE CORPS (VMRC)

VOLUNTEER APPLICATION

All information given is voluntary. Please type or print legibly.

Type of application (check one): New Renewal

Name _____ Title _____
First Name M.I. Last Name

Home mailing address _____

City _____ State _____ ZIP _____ County _____
Number and Street

Primary phone number _____ (select one)

Alternate phone number _____ (select one)

Email _____

Employer _____ Business phone number _____

Address _____
Number and Street City State ZIP

Emergency contact name _____

Relationship _____ Phone _____

Occupation (Check all that apply)

- ___ Veterinarian, Indiana license _____
- ___ Registered Veterinary Technician (RVT), Indiana license _____
- ___ Student: Veterinary/RVT
- ___ Animal Control personnel ___ Other, please list _____

What handling experience do you have? (check all that apply)

Companion Animal	Large Animal	Poultry	Farm Exotics
___ Dogs	___ Cattle	___ Chickens	___ Ratites
___ Cats	___ Sheep/Goats	___ Turkeys	___ Camelids
___ Pet Birds	___ Swine	___ Ducks	___ Cervidae
___ Pocket Pets	___ Equine	___ Geese	
Other (list)			

Which activities would you be willing to provide volunteer assistance with? *(Check all that apply)*

- Natural disasters (large scale flood, tornado, winter storms)
- Large animal emergency rescue (ex: highway/ trailer accident, stuck horse, etc.)
- Assist with disease detection and response during high-consequence disease situations
- Promote public and client education and awareness about disaster preparedness
- Assist with sheltering and care of animals during an emergency
- Provide guidance to government policy makers
- Work with local emergency management and planning officials to support local efforts
- Participate in local, district and state exercises and training activities
- Assist with local animal welfare situations
- Pilot use of new technologies

Have you taken any emergency management courses? Yes No

If yes, list _____

Equipment

Do you have reliable internet at home or office? Yes No

Do you have a livestock trailer? Yes No

Do you have a veterinary truck? Yes No If yes, describe _____

Do you own a portable x-ray machine for field use? Yes No

Do you own a portable generator? Yes No

Do you own a small animal incinerator? Yes No

List any rescue/animal care equipment you have that is available for use during a disaster:

Skills/Areas of Expertise *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Field capture | <input type="checkbox"/> Building & Repair |
| <input type="checkbox"/> Record Keeping | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Historian | <input type="checkbox"/> CDL license |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Electrical Repair |
| <input type="checkbox"/> Education/Teaching | <input type="checkbox"/> Security |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IT Support | |
| <input type="checkbox"/> Languages spoken (please list) _____ | |

During a disaster or emergency I will follow the rules and procedures set forth by the Indiana Veterinary Medical Reserve Corps (VMRC).

1. I will not represent VMRC to the media.
2. I will not abuse or neglect any animal under the care of VMRC during a disaster.
3. I will not use or consume alcohol or illegal drugs while serving as a volunteer for VMRC.
4. I will not smoke, unless in a designated area.
5. I will not bring or have on my person guns, knives or bow-arrows while serving as a volunteer for VMRC.
6. I will present myself in a professional manner while serving as a volunteer for VMRC.
7. I will be rostered with Serve-IN as a recognized first responder with the State of Indiana.
8. I will not intentionally or recklessly damage or destroy any property or equipment while serving as a volunteer for VMRC. If damage or destruction is done intentionally, I will repair or replace the object at my own expense.
9. I understand that any breach of the above will result in my termination as a volunteer for VMRC.

I certify, to the best of my knowledge, that all statements are true, correct, complete and made in good faith.

I agree to allow any of the above information to be stored in the USA HERDS and Serve-IN databases, password secured, on the internet.

Signature

Date

Connect online in a group:

Facebook: www.facebook.com/groups/InBOAHmrc/

LinkedIn: IN VMRC (BOAH)



Indiana State Board of Animal Health; VMRC Program
ATTN: Katelyn Macy, DVM
1202 E 38th Street
Discovery Hall, Suite 100
Indianapolis, IN 46205
(317) 544-2400

Download and save completed document, then email to: animalhealth@boah.in.gov