

MARYLAND DEPARTMENT OF AGRICULTURE

Maryland Animal Health Emergency Volunteer Corps
Volunteer Registration Form

(Complete and Mail, FAX. or e- mail to address below)

Check: Veterinarian _____ Technician _____

Yes, I would be willing to volunteer my time to provide veterinary care in an emergency situation. I can provide _____ hrs/week

Name _____ License # _____ Exp. Date _____

State of License _____ Pager # _____ Cell # _____

E mail (home) _____ e mail (work) _____

Home phone _____ Work phone _____

FAX (home) _____ FAX (work) _____

Give the one best number and e mail that should be used in event of an actual emergency

Daytime _____ Evening _____

Name of Practice _____

Work Address _____

County _____ City _____ State _____ Zip _____

Home Address _____

County _____ City _____ State _____ Zip _____

Species you prefer to treat _____

Tell us about any special training and experience you have regarding any of the specific agents: _____ Chemical _____ Biological _____ Radiological (Check all that apply)

Comments:

Send form to: MDA - Office of Animal Health, 50 Harry S. Truman Parkway Annapolis, MD 21401; FAX: 410-841-5999; e mail: jarucasper@comcast.net

→ → **OVER**

Check: Veterinarian _____ Technician _____

Name _____
Last First Middle

License # _____ (if applicable)

Authorization Statement

I, (print name) _____

§ Authorize this information to be submitted to the Maryland MDA Disaster Response Volunteer Database and be made available for volunteer disaster response activity at state and local levels.

§ Have no health conditions that prevent me from working as a disaster volunteer;

§ Will not divulge any confidential information about the clients served unless required for the provision of services, referral or follow-up;

§ Understand that my request to volunteer does not guarantee that my services will be needed;

§ Assume responsibility to ask my employer for work release to volunteer in the event I am called;

§ Understand that my time/service is volunteered and I will not receive compensation to volunteer; *

§ If applicable, I have a professional license or certification in good standing and will promptly advise the Board of Veterinary Medical Examiners of any condition placed on my license including its voluntary return;

(Signature and Date)