

Weld County Animal Response Team Disaster Response Volunteer Sign-Up Form

Name: _____

Date of Birth: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home, work, and cell): _____

Do you have a valid driver's license? Y N. If so, please list number, state issued, and the expiration date. Driver's License # _____

State Issued: _____ Expiration Date: _____

Emergency Contact: _____

Emergency Contact Phone: _____

E-mail address: _____

1.) Are you bilingual? If yes, please specify language? _____

2.) Do you have any experience in disaster preparation and evacuation? If yes, please specify. _____

3.) Do you have any training in any field of animal search and rescue programs? If yes, please specify. _____

4.) What is your area(s) of interest?

Small Animal _____ Equine _____ Bovine/Food Animal _____

Lab Animal _____ Avian _____ Other _____

5.) What type of volunteering opportunities are you interested in?

Transportation _____ Identification of Animals _____

Housing at Evacuation Site _____ Caregiver/Kennel Care _____

Runner _____ Office _____ Other _____

Weld County Animal Response Team Volunteer Waiver and Release of Liability

On behalf of myself, my heirs, personal representatives and assigns, and as a part of this waiver and release of liability, I agree to the following terms and conditions.

1. I am aware of the dangers and risks that are associated with volunteer activities that I may undertake on behalf or at the direction of the Weld County Animal Response Team.
2. I hereby release, discharge, indemnify, and hold harmless Weld County Animal Response Team (and its agents, directors, staff) from any and all claims, causes of actions, and demands of any kind or nature that may arise from any personal injury that I may incur or suffer while volunteering for the Weld County Animal Response Team.
3. I confirm that all information supplied on this application is true and correct. I also acknowledge that the Weld County Animal Response Team has the absolute right to terminate my volunteer participation at any time and solely within its discretion. I further acknowledge that I am not an agent for or represent the Weld County Sheriff's Office.
4. I understand that a background check will be performed prior to volunteering for the Weld County Animal Response Team.

I have read the Weld County Animal Response Team rules. I will follow the rules, regulations, and instructions while performing my volunteer activities.

APPLICANT SIGNATURE _____

DATE _____

Please complete and return to:

Weld County Sheriff's Office

Attn: Kirk Higgins

1950 "O" St.

Greeley, CO 80631