

# Westchester County Animal Response Team Membership Application



**APPLICANT INFORMATION** *(please print clearly)*

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN: (last 4 digits) XXX – XX - \_\_\_\_\_

**CONTACT INFORMATION:**

Home Phone: \_\_\_\_\_ Cell Phone No & Provider: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Pager (Specify if Alpha-numeric): \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_ NEXTEL Private ID# \_\_\_\_\_

**AGENCY / ASSOCIATION INFORMATION** *(agency association not required for membership)*

Fire  Police  Ambulance  Veterinary Care  Animal Shelter / Humane Society

Agency/Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Vet License #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**QUALIFICATIONS:**

*(Briefly describe level of training, attach documentation)*

Basic First Aid: \_\_\_\_\_

CPR w/ AED: \_\_\_\_\_

Bloodborne Pathogen Safety: \_\_\_\_\_

Emergency Vehicle Operations: \_\_\_\_\_

HazMat Training: \_\_\_\_\_

CERT/WEVR Training: \_\_\_\_\_

NIMS IS 700: \_\_\_\_\_

NIMS ICS 100: \_\_\_\_\_

**SPECIAL QUALIFICATIONS:**

Medical Training (EMT, EMT-P, RN, MD, etc.) \_\_\_\_\_

Driver and Equipment Licenses (CDL): \_\_\_\_\_

Other: (special skills/certifications/languages etc.) \_\_\_\_\_

**MEDICAL INFORMATION:**

Male  Female DOB \_\_\_/\_\_\_/\_\_\_\_\_ Height \_\_\_ft. \_\_\_in. Weight \_\_\_\_\_ lbs.

Medications \_\_\_\_\_

Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

Physical Conditions / Limitations that may limit Level of team participation: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_ Immunizations: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**By signing I certify that the information I have provided is accurate and truthful. I hereby give permission for the County to conduct a review of my driving record as well as a criminal history background check.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please attach photo copy of your driver's license*

**If you are affiliated with an emergency services agency in Westchester or will have industry sponsorship and plan to work with the Westchester County Animal Response Team as part of your affiliated agency, please have your Chief / Executive Officer sign this form.**

**Permission is hereby granted to: \_\_\_\_\_ to participate as a member of the Westchester County Animal Response Team.**

\_\_\_\_\_  
(Chief / Exec. Officer Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

**Please send the completed application to: Westchester County Dept. of Emergency Services  
4 Dana Road  
Valhalla, NY 10595  
Attn: VOAD Coordinator**