**Return to:**

Char Gonsenica- CO VMRC Unit Coordinator

Eagle Valley Humane Society

PO Box 4105 Eagle, CO 81631

970-280-5738 (cell)

humane@vail.net

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal information – please print or type** | | | | | | | | | | |
| Last name | | | First name | | | | Middle initial | | | Suffix |
| Street address | | | | | City | | | | State | Zip |
| Mailing address (if different) | | | | | City | | | | State | Zip |
| Home Phone  ( ) | Cellular phone  ( ) | | | | Preferred E-mail address ❑ Work ❑ Home | | | | | |
| Date of birth | | County of residence | | | | County of employment | | | | |
| Employer | | | | Job/Title | | | | Do you have a valid Colorado driver’s license? ❑ Yes ❑ No | | |
| Work address | | | | | City | | | | State | Zip |
| Work phone | | | Other contact information (explain) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact – to be notified in case of an emergency** | | | | | | | |
| Last name | | First name | | | Relationship | | |
| Street address | | | City | | | State | Zip |
| Home Phone  ( ) | Cellular phone  ( ) | | | Work phone | | | |

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| --- | --- | --- | --- | --- | --- |
| **Professional Licensure, Certification and Specialties** | | | | | |
| Do you have a valid veterinary medical license for CO?[[1]](#footnote-1)  Yes ❑ No ❑ | License number | | Expiration Date | Other state licenses | |
| Are you a CO Certified Veterinary Technician?  Yes ❑ No ❑ | CACVT Certification number | | Expiration Date | Other states in which certified/licensed | |
| Veterinary/Technician degree received from: | | | Degree: | | Year of graduation |
| Please note any board certifications, specialties or additional licenses: | | | | | |
| Please check here if you are a Federally accredited veterinarian: ❑ | | | | | |
| **Professional skills and related experience** | | | | | |
| Veterinary practice experience: Please check the practice or species areas in which you feel you have competency.   * Companion animals * Exotic or avian * Equine   Production livestock   * + Dairy   + Beef cattle   + Small ruminants   + Swine   + Alternative livestock (elk, deer, etc.) * Zoo * Wildlife * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | *Briefly list additional training/skills that may be supportive of your role in the CO Veterinary Medical Reserve Corps (attach pages if needed)* | | | |

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| **Additional Information:** |
| Are you willing to travel and volunteer outside your: County? ❑ Yes ❑ No State? ❑ Yes ❑ No |
| Languages other than English: ❑ Spanish ❑ Sign language ❑ Other: |
| Do you have any special considerations or medical restrictions that are relevant to the CO VMRC?  ❑ Yes ❑ No *If yes, please explain:* |
| Registration Checklist:  ✓ Sign up on the Medical Reserve Corps site ([www.MedicalReserveCorps.gov](http://www.MedicalReserveCorps.gov))  (This is not required, but you can sign up to receive informational updates from MRC)  ✓ Sign up on the Colorado Volunteer Mobilizer (<https://covolunteers.state.co.us/>)  (This is required and it will allow us to communicate with our unit members, issue mobilization alerts, and will produce an automatic criminal background check through the Colorado Bureau of Investigation. Be sure to upload your FEMA 100/700 certificates)  ✓ Sign up for the USDA National Animal Health Emergency Response Corps ([www.usajobs.gov](http://www.usajobs.gov))  Search for “NAHERC” – veterinarians and technicians can sign up for future paid deployments  Signing up for NAHERC does not obligate you to deploy if asked |

1. The information provided herein is complete and true. Incomplete or untrue information may result in termination from the CO VMRC program.
2. I authorize a background check, verification of information and additional screening procedures and authorize release of employment verification information to the CO VMRC, including Eagle Valley Humane Society or supporting state agencies.
3. I hold the CO VMRC and supporting agencies harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the CO VMRC. I understand that the CO VMRC will use this information only as part of its verification of my volunteer application.
4. I agree to respect the rights, property, and confidentiality or emergency workers and individuals affected by disaster.
5. I agree to adhere to the instructions of my job assignment and follow the published CO VMRC “Code of Conduct”
6. I understand that Eagle Valley Humane Society coverage for accidental injury will be secondary to my personal health and disability insurance and that my personal insurance will be the only coverage for illness while training with or deploying for the Colorado Veterinary Medical Reserve Corps program.[[2]](#footnote-2)

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

1. Please note if you are licensed under Colorado State University Veterinary Teaching Hospital’s academic license [↑](#footnote-ref-1)
2. This policy may periodically be updated by the CO VMRC and partnering agencies and organizations. [↑](#footnote-ref-2)