



**Maryland
Department of Agriculture
Animal Health Section**

Volunteer Veterinary Corps

PLEASE PRINT & COMPLETE REQUIRED FIELDS *

* Profession (Check any that apply)

Animal species: _____
 Specialty _____ Are you licensed to practice veterinary medicine in any state (circle one)? ☐ Yes ☐ No

* License/Certification

Licensing Board Registered		License Number & date expires:	
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* Personal Contact

Last Name		First Name		Middle Initial	
Home Address		City, State		County Zip Code	
Home Phone	() _ _ - _ _ _	Personal Cell	() _ _ - _ _ _		
Home E-mail		Other (specify)	() _ _ - _ _ _		

* Professional Contact (Work)

Work Address		City State		County Zip Code	
Work Phone	() _ _ - _ _ _	Work Cell	() _ _ - _ _ _	Work Pager	() _ _ - _ _ _
		Work E-mail		Work Fax	() _ _ - _ _ _

Emergency Contact Information

Please list additional person who may help contact you (at or outside of work) if we are unable to reach you using the information provided above or we may contact in an event of an emergency:

Contact: _____ Relationship _____ Phone () _ _ - _ _ _ Other _____

Language Skills (Including American Sign Language)

Languages	Level of fluency			Speak	Read	Write
	excellent	Fair	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	excellent	Fair	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Affiliation

Please list all agencies/organization with whom you are available to provide disaster services, including the Volunteer Veterinary Corps. Rank all agencies/organization in order of which you will respond to activations.

Agency / Organization	Rank

Deployment Response

- | | | |
|--|------------------------------|-----------------------------|
| • Are you willing to respond nationally? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Internationally? And do you have a current passport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Just in State of Maryland? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Just in my designated county? _____(area) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • If authorized under emergency laws, would you agree to provide medical care to humans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(over)

Disaster/Emergency Response Experience (if any)		
Please list any practical experience that you have had in a disaster including the dates of the experience and your role in the experience.		
Disaster Mental Health Training (Check if it applies)		
<input type="checkbox"/> I have no disaster mental health training	<input type="checkbox"/> American Red Cross Disaster	<input type="checkbox"/> Terrorism preparedness or Emergency response
<input type="checkbox"/> Critical Incident Stress Management	<input type="checkbox"/> NIMS (National Incident Management System)	<input type="checkbox"/> National Organization for Victims Assistance
<input type="checkbox"/> Psychological First Aid	<input type="checkbox"/> Crisis Response <input type="checkbox"/> Addictions	<input type="checkbox"/> Other _____
*Authorization Statement		
<p>Please read over the following Authorization Statement. Upon your attendance at training, you will be required to sign and date the Authorization Statement. By completing this application, you understand and agree to the terms set forth in this agreement.</p> <p style="margin-left: 40px;">I, _____, Hereby authorize the following: (Please Print)</p> <ol style="list-style-type: none"> 1. The information submitted on this application is confidential and to be submitted to the Volunteer Veterinary Corps and the Maryland Professional Volunteer Corps Database of DHMH and made available only for volunteer disaster response activity at state and local levels or as otherwise authorized under state or federal laws. 2. I certify that the information in this application is true and accurate to the best of my knowledge. I understand that failure to disclose any of the information may affect volunteering in the Volunteer Veterinary Corps. 3. I have no health conditions that prevent me from working as a disaster health volunteer. 4. I will not divulge any confidential information about the clients served unless required for the provision of services, referral or follow up. 5. I understand that my request to volunteer does not guarantee that my services will be needed. 6. I assume liability to ask my employer for work release to volunteer in the event I am called. 7. I understand that my time/service is volunteered and that I will not receive compensation to volunteer. * 8. If applicable, I have professional license or certification in good standing. 9. Photos may be taken during my participation in drills and/or disaster incidents that may be used for training and/marketing purposes. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Signature </div> <div style="width: 45%; text-align: center;"> _____ Date </div> </div>		
Staff/ Partners Only: Date Application received: _____ Accepted: _____ Rejected: _____ Recommendations: _____ Name of staff: _____ Received training _____ Received badge _____		

Revised: July 2007

***Required fields**

Maryland Department of Agriculture
 Animal Health Section
 50 Harry S. Truman Pkwy
 Annapolis, MD 21401
 410-841-5810 410-841-5999 (fax), animalhealth.mda@maryland.gov (e-mail)