



Lane County Animals in Disaster Volunteer Registration

(use of this form is for volunteers, unpaid interns, college work-study & job shadow)

*** Please complete this two page application and return to:

Lane County Animal Services, 3050 N Delta Hwy., Eugene, OR 97408

Name: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Health restrictions, physical restrictions, or drug allergies (if any):

Emergency contact (name/relationship): _____

Emergency contact phone no(s): (_____) _____ (_____) _____

Lane County does not cover volunteers under worker's compensation insurance. Volunteers may be eligible for a limited accident policy; however, their own insurance is primary.

By my signature below, I acknowledge that I have been advised of the expectations, responsibilities and risks of the duties for which I am volunteering and I do so at my own risk, and that the County reserves the right to reject any claim arising from my volunteer activities and that all such claims shall be evaluated. The County does not provide coverage for personal property owned by the volunteer.

Are you under the age of 18? Yes No

Will you drive as part of your volunteer work? Yes No ODL # _____

Do you have health insurance? Yes No

If yes, insurance provider: _____ Policy no.: _____

I understand that if I use my personal automobile in volunteer service, I have a valid ODL and will keep in force automobile liability insurance equal to the minimum limits required by the State of Oregon and that my personal insurance will be my primary insurance coverage.

Volunteer Signature: _____ **Date:** ____/____/____

Placement (for office use only)

Department: _____ Worksite: _____

Start Date: ____/____/____ End Date: ____/____/____

Job Assignment: _____ Supervisor: _____

Comments: _____

AID Volunteer Questionnaire

1. In what areas do you wish to participate?

- General volunteer work _____
- Provide a host site for evacuated animals _____
- Assist in evacuation/rescue work _____
- Assist in livestock shelter work for evacuated animals _____
- Assist in companion animal shelter work for evacuated animals _____
- Other (please specify) _____

2. I am a trained Animal Care Professional and have been employed at the following agency:

_____ Title: _____

3. I feel competent working with the following animal species:

- | | | |
|----------------|------------------------------|-----------------------------|
| Dogs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cats | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Birds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reptiles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exotics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cattle | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Horses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Poultry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Goats | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sheep | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alpacas/Llamas | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (list) | _____ | |

4. What special skills, training or licensing do you have that would be helpful to know about in making an appropriate volunteer assignment?

5. Have you been trained in emergency response/rescue or other training programs such as the Incident Command System? Yes No If yes, list the training _____

6. Are you willing to participate in emergency training programs? Yes No

7. Do you have a vehicle that you could use to assist in transporting animals? If so, please describe:
