

Instructions: Type or print responses. All blanks must be filled in. If an item is not applicable, type or print N/A in the blank.

1. Name: _____
2. Address: _____
City: _____ Zip Code: _____
3. Home Phone: (____) _____ Work Phone: (____) _____
Cellular Phone: (____) _____ Pager No.: (____) _____
4. E-mail address: _____
5. Time of Residency (years/months): _____
6. Do you (check that which applies): Own _____ Rent _____
7. If Renting, From Whom: _____
Landlord's Address: _____
City: _____ State: _____ Zip: _____
8. Previous Address: _____
City: _____ State: _____ Zip: _____
9. Age: _____ Date of Birth (proof required): _____
10. Place of Birth: City: _____ State: _____
11. Social Security Number: _____
12. Marital Status: Married Yes _____ No _____ How long? _____
13. Name of Spouse: _____
14. Number of Dependents: _____ Ages of Each: _____
15. Sex: Male _____ Female _____ Height _____ Weight _____
16. Are you willing to submit to an annual physical examination by an accredited physician as required by this Organization?
Yes _____ No _____

17. Do you have any physical limitations that would prevent you from performing certain tasks? Yes_____ No_____ If so, to what extent:

18. Do you use/consume habit forming drugs or alcohol? Yes____ No____
If yes, to what extent? _____

19. If accepted, will you be willing to submit to a periodic drug test as required by this Organization? Yes_____ No_____

20. Have you ever been convicted of a felony? Yes_____ No_____
(If yes, explain on an additional sheet of paper.)

21. Do you have a valid driver's license? Yes_____ No_____

22. Type:_____ State of Issue:_____

23. Restrictions:_____

24. Has your license ever been suspended or revoked? Yes_____ No_____
(If yes, explain on an additional sheet of paper.)

25. Have you had any moving traffic violations in the last five (5) years?
Yes_____ No_____ If yes, please list dates and violations below:

26. Do you have access to dependable transportation? Yes_____ No_____

27. Occupation:_____

28. Employer:_____

Employer Address:_____

City:_____ State:_____ Zip:_____

29. Years of Employment:_____ Shift Work: Yes_____ No_____

30. Supervisor's Name and Title: _____

Phone No.: (____) _____ May we contact? Yes____ No____

31. List any previous Fire, Police, Emergency Medical, Emergency Management, Animal Medical or Animal Handling experience:

32. What animals do you have experience handling?

Dogs____, Cats____, Birds____, Horses____, Cows____,
Swine____, Sheep/Goats____, Reptiles____, Other_____

33. Do you have personal pets? If yes, what kind and how many:

34. Are you uncomfortable handling any particular animals?

If yes, please list: _____

35. Do you have any phobias of any particular animals?

If yes, please list: _____

36. Would you be willing to assist in/or perform euthanasia on an animal if it was necessary? Yes____ No____

37. Do you understand that there will be different levels of training required to fill certain positions of the rescue team? If those requirements are not met, you will be unable to participate in given situations to assure your safety, your team members safety and the animal's safety. Yes____ No____

38. Do you now have, or have you ever had, a family member in this organization? Yes____ No____

39. Personal References (minimum of three (3):

(not family and not living with you)

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ Years Known: _____

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ Years Known: _____

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ Years Known: _____

40. Professional References (minimum of three (3):

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Business: _____ Years Known: _____

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Business: _____ Years Known: _____

Name: _____ Phone:_(____)_____

Address: _____

City: _____ State: _____ Zip: _____

Business: _____ Years Known: _____

41. Position applied for: Rescue Team Public Education
 Fund Raising Abuse Task Force
 Foster Home Volunteer Support

If accepted to probationary status and then to full membership/employment, I affirm that I will abide by the rules, regulations and Constitution & By-Laws of this Organization. I further declare that I will obey the lawful orders of a duly elected/appointed superior, none of which will jeopardize my safety or well-being.

Signature Date

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For Organization use only.

First Committee Interview: Date: _____ Recommend: Yes No

First Board of Director's: Date: _____ Recommend: Yes No

General Membership: Date: _____ Recommend: Yes No

Final Committee Interview: Date: _____ Recommend: Yes No

Final Board of Director's: Date: _____ Recommend: Yes No

Final General Membership: Date: _____ Recommend: Yes No

Note: The reasons for all decisions must be documented on separate sheet.

