

LSART VMRC Membership Application Form

(Please email this completed form to LSARTMembership@gmail.com)

Last Name:		First Name:	
Primary Phone:	() -	Other Phone:	() -
Email Address:			
Mailing Address:			
Mailing City:		Mailing State/Zip	
LA Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home Parish:	
AFFILIATION <i>(Check all that apply)</i>	<input type="checkbox"/> Current LSART Member <input type="checkbox"/> Current MRC Member <input type="checkbox"/> New LSART Member <input type="checkbox"/> LVMA Member <input type="checkbox"/> LACA Member <input type="checkbox"/> LSUSVM Student (Enter Grad Year) <input type="checkbox"/> LSU SVM Faculty/Staff <input type="checkbox"/> Other: (e.g.: LAN; EARS; Code 3, Noah's Wish; HSUS; Muttsack; Habitat for Horses)		
MEMBERSHIP	<input type="checkbox"/> LSART Responder (involved in some aspect of emergency response) <input type="checkbox"/> Information Only (updates, involvement in actual response would be limited)		
MEDICAL/ ANIMAL RELATED TRAINING <i>(Check all that apply) (License # if applicable)</i>	<input type="checkbox"/> Licensed/Certified Active (Lic. #) <input type="checkbox"/> Licensed/Certified Inactive (Lic. #) <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> EMT/Paramedic <input type="checkbox"/> Farrier <input type="checkbox"/> Permitted Wildlife Rehab (Type) <input type="checkbox"/> Red Cross (Type) <input type="checkbox"/> Veterinarian <input type="checkbox"/> Vet Tech <input type="checkbox"/> Vet Assistant <input type="checkbox"/> Vet Student <input type="checkbox"/> CAET License (Lic. #) <i>(Please email copies of your certificates to LSARTMembership@gmail.com)</i>		
EMERGENCY RESPONSE TRAINING <i>(Check all that apply)</i>	<p><i>Please list the name and date of training in each category. A copy of each training certificate should be sent with this form either by email or mail.</i></p> <input type="checkbox"/> ICS 100 <input type="checkbox"/> ICS 200 <input type="checkbox"/> NIMS 700 <input type="checkbox"/> NIMS 800 <input type="checkbox"/> Pet Evacuation _____ <input type="checkbox"/> Pet Sheltering _____ <input type="checkbox"/> Large Animal Rescue _____ <input type="checkbox"/> Technical Ropes Rescue _____ <input type="checkbox"/> Animal Search and Rescue _____ <input type="checkbox"/> Slack Water Rescue _____ <input type="checkbox"/> Swift Water Rescue _____ <input type="checkbox"/> Others: _____		
RESPONDER INTEREST <i>(Check all that apply) (For LSART info only)</i>	<input type="checkbox"/> Administration <input type="checkbox"/> Decontamination <input type="checkbox"/> Large Animal Response <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Small Animal Response <input type="checkbox"/> Transport <input type="checkbox"/> Veterinary Medical Reserve Corps		
PREVIOUS ANIMAL RESPONSE EXPERIENCE	<p><i>Please list any previous animal emergency responses you participated in and a brief summary of your role in the response.</i></p>		

Code of Conduct: I agree to abide by Incident Command System (ICS) requirements at all times as a volunteer in Louisiana's animal emergency response effort and to work within the official response plan and ICS command and control. I acknowledge that my failure to comply may result in the immediate revocation of my volunteer credentials.

Release: I know that engaging in animal emergency response activities may subject me to physical injury, including wounding by animals. I assume full responsibility and liability for any physical injury to me as a result of my participation in animal emergency response activities in Louisiana. I release the Louisiana State Animal Response Team, any of LSART's partners and all their agents, employees, officers, or representatives from any and all liability for any such injury.

SIGNATURE:

Date: