

CAPE MAY COUNTY



EMERGENCY MANAGEMENT COMMUNICATIONS CENTER

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Gerald M. Thornton, Freeholder Martin L. Pagliughi, Director
John Edwards, Deputy Director Steven Long, Deputy Director

CART
VOLUNTEER APPLICATION FORM

Date:
Name: Occupation:
Address:
City: State:
Work # Home #
Cell #
Email Address:
Emergency Contact:
Relationship: Contact #
Professional Skills / Training:

Credentials: ICS 100 ICS 700
Hazmat Training: Other:

Table with 3 columns: YEARS, ORGANIZATION, POSITION / ACTIVITY

Available for meetings/training: Days Evenings Weekends

During declared emergency, when would you be available to help? (check all that apply)

Days Evenings Weekend Days Weekend Evenings

Are you currently vaccinated against? Tetanus Rabies Hepatitis

Do you have any equipment/supplies that you could make available during a disaster?
(i.e. horse trailer, 4-wheel drive vehicle, animal carriers, etc.)

Please circle assignments that you would be willing to perform during a disaster.

- Set-up Break-down Transportation Clerical Inventory
Trash Laundry Cleaner Procurement Grooming
'Rover / Gopher' Vet Tech Veterinary Animal Care Record Keeping
Foster Care Photography Animal Diet Prep
Other:

Signature:

