

## Somerset County Animal Response Team (CART)

SHIRT SIZE:

Applicant's Contact Information			
Name:		Name of Employer:	
Home Address (street, city, state and zip):		Work Address (street, city, state and zip):	
Home Phone:	Cell Phone:	Work Phone:	Fax:
E-mail:	Reverse 911 number:	Work E-mail:	County You Work In:
Emergency Contact Name:	Relationship:	Emergency Contact's #:	Relationship:
Licensed Veterinarians, please indicate license Number:		Professional Position/Title:  May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Experience/Skills Information – LIST/CHECK ALL THAT APPLY			
List all the species that you normally treat/handle/have experience with:			
Check below the job related experience/skills you have with the above species (provide further explanation if needed)			
<input type="checkbox"/> Small Animals	<input type="checkbox"/> Dogs/Cats	<input type="checkbox"/> Large Animal	<input type="checkbox"/> Pocket Pets/Exotics
Check below the other skills that you have			
<input type="checkbox"/> Management Skills	<input type="checkbox"/> Logistical Skills	<input type="checkbox"/> Customer Service Skills	<input type="checkbox"/> Emergency Response
Information on Training – CHECK ALL THAT APPLY			
REQUIRED <input type="checkbox"/> IS-100b <input type="checkbox"/> IS-700a <input type="checkbox"/> IS-10 <input type="checkbox"/> IS-11 <input type="checkbox"/> IS-111  ADDITIONAL <input type="checkbox"/> IS-300 <input type="checkbox"/> CERT <input type="checkbox"/> Animal Control <input type="checkbox"/> Pre-exposure Rabies Vaccine <input type="checkbox"/> Vet Tech <input type="checkbox"/> EMT <input type="checkbox"/> HEP B Vaccine <input type="checkbox"/> Other courses – please describe:			
<i>Please attach copies of all certifications</i>			
Information on Response			
<input type="checkbox"/> Willing to respond during disasters		<input type="checkbox"/> Willing to assume a leadership role	
<input type="checkbox"/> Willing to assume a support role			
<input type="checkbox"/> Additional skills/expertise:			
<input type="checkbox"/> Additional emergency response membership:			
Date	Applicant's Name (Please Print)	Applicant's Signature	

### Somerset CART Code of Conduct

1. Somerset CART members are activated by the County Office of Emergency Management and directed to perform specific duties. Members are considered as emergency management volunteers and will perform their duties in "good faith" to be protected by liability coverage.
2. Members are NEVER permitted to self-deploy to any incident. If the team has been requested a notification will be sent via the reverse 911 system to the number you provided. This recording will indicate the location and nature of the incident, staging area for response and will be repeated.
3. Members shall be expected to accept assignments and/or orders as directed by the supervising authority. This stresses the importance of the required IS-100b and IS-700a training requirements.
4. Members shall remain in contact with the appropriate ICS authority and confine their activities to the stated mission and directives of the Incident Action Plan (written or verbal).
5. Members shall identify operations/tasks that are beyond their capabilities based on their experience, training, and knowledge.
6. Members shall observe all safety rules and regulations and be familiar with proper usage and operation of all equipment.
7. Members shall project a professional manner and appearance while participating in any Somerset CART-related activities.
8. Members while representing Somerset CART will not participate otherwise in operations that serve to promote personal gains or ideologies.
9. Members shall refrain from taking photographs out of respect of the privacy of the owners/disaster victims.
10. The Incident Commander, Somerset County Office of Emergency Management Coordinator/Deputy Coordinator or their designees will have the authority to terminate any Somerset CART member for behavior(s) that is contrary to the Somerset CART Code of Conduct, based upon their discretion.
11. Members are expected to actively participate in meetings, drills and responses. We expect that members contribute both suggestions and follow-up with the process of implementing such changes.
12. Members are required to report any injuries to a supervisor immediately. Supporting documentation is required regardless of whether medical treatment is sought.
13. All members must obey all motor vehicle laws during response.
14. Members are not to approach any animal that appears aggressive and may jeopardize their safety.
15. Members are not permitted to perform any intervention or medical procedure if not licensed/trained to execute.

### Applicant's Signature

I certify that I understand and agree to abide by the statements identified within this document.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Signature