WILTON SIMPSON
COMMISSIONER

Department of Agriculture and Consumer Services
Division of Animal Industry

ANIMAL HEALTH PROFESSIONAL VOLUNTEER APPLICATION

www.flsart.org
www.fdacs.gov

Section 252.3569, Florida Statutes.

Full Name: _____ _____
First **Last**

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Email Address: _____

Primary Phone #: _____ **Secondary Phone #:** _____

Which general categories are you interested in assisting as a volunteer?

___ Veterinary care - provide or support veterinary medical care.
___ Large animal sheltering - assist in large animal sheltering facilities or activities.
___ Pet friendly sheltering - assist in pet shelter facilities or activities.
___ Animal transport - assist in transporting animals for evacuation or movement to shelters.
___ Administrative support - provide administrative support for response team or activities.

What license or certification do you hold?
Veterinarian License # _____ State _____ Expiration _____
Veterinary Technician # _____ State _____ Expiration _____

ICS training: _____
_____
_____

Other training: _____
_____
_____

Response experience: _____
_____
_____
_____
_____

The Volunteer understands that his/her service will not be compensated.

Volunteer hours may be used for work experience in applying for positions with the State of Florida.

Volunteers shall comply with all applicable department and agency rules and serve under the incident command structure established in response to an emergency.

No salary, payment, unemployment, leave, per diem or travel reimbursement or collective bargaining agreements shall apply to volunteers.

Volunteer service under this agreement must be authorized prior to activation and documented by receipt of an official identification card that will be carried by the volunteer during their time of service.

This agreement may be cancelled by either party at any time following notice of the other party.

The Volunteer further understands that volunteers are not considered employees of the State of Florida. Volunteers are covered by state liability protection in accordance with Chapter 768.28, F.S., and by Worker's Compensation in accordance with Chapter 440, F.S.

CERTIFICATION

I am aware that any omission, falsification, misstatements or misrepresentations above may disqualify me for consideration. I understand that any information I give may be investigated as allowed by law. I consent to the release of information to investigators, personnel staff and other authorized employees of Florida state government. I certify that to the best of my knowledge and belief all the statements contained herein and on any attachments are true, correct, and complete and made in good faith.

Volunteer's Signature: _____Date_____