



Volunteer Registration Form

Please complete each section of this form; include any additional information in the 'additional information' section provided at the end of the form. Once completed, please submit to (name) at (email address). Thank you for your interest in CBDART!

Contact Information:

Name	
Address	
Phone	
Email	

Emergency Information:

Health Restrictions	
Emergency Contact	
Relationship	
Phone	

Certifications:

As a CBDART member I certify that I:

- Am over the age of 18,
- Acknowledge that I have read the CBDART Volunteer Credentialing Requirements,
- Understand participation in CBDART is in a volunteer capacity and any duties are assumed at my own risk. For example, my health insurance is my primary health insurance coverage, my driver's license and vehicle insurance provide for my primary coverage, and my personal property is my responsibility.

Signature/Date: _____

Received By/Date: _____

How would you like to contribute to CBDART:

Administrative Work (Member Support/Research/Grants/Inventory)	
Public Engagement	
Trainer	
Field/Rescue Work	
Animal Transportation	
Shelter Support	
Veterinary Support	
Reunification Efforts	
Other	

What background do you possess that may further a volunteer assignment:

Professional Credentials/ Employment Experience	
Certifications/Experience	
Special Training/Skills	
Equipment	
Other	

With which animal species do you feel competent (please specify):

Domestic (cats, dogs, birds, etc.)	
Reptile or Exotic	
Livestock (poultry, horses, cattle, goats, etc.)	
Wild Animals (Deer, elk, fish, etc.)	
Other	

Additional Information:

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