

North Valley Animal Disaster Group Volunteer Application 2018

P.O. Box 441, Chico, CA 95927 www.nvadg.org Hotline: (530) 895-0000

This information will be used in our Emergency Response Directory (ERD).

Last Name _____ First Name _____ M _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Day Phone _____

Night Phone _____

Cell Phone _____

Cell Phone Carrier (for text alerts) _____

Primary E-mail _____

Secondary E-mail _____

The following information will not be published, but will be kept for emergency purposes only.

Emergency Contact _____ Relationship _____

Phone(s) _____

Physician _____ Phone _____

Do you have any medical conditions that would prevent you from working as a Shelter or Evacuation Volunteer? _____

Driver's License # _____ Class _____ Exp. Date _____

Height _____ Hair Color _____ Eye Color _____

What is your occupation and/or general experience that may be helpful in the volunteer work we do?

Please list large animals/livestock with which you have experience: _____

Experienced pulling a trailer? _____

Note any pertinent Certificates/Titles or experience: _____

Are you a Butte County Employee? _____ If yes, what department? _____

Signature

Date

North Valley Animal Disaster Group

Volunteer Contract

ID Card

When you have completed the necessary paperwork and required training, you will receive a photo identification card. This card is the property of Butte County and must be returned immediately upon your resignation or dismissal. This identification card must be on your person at all times while you are volunteering during a disaster or drill. If you do not have your ID card with you, do not expect anyone from your agency, or any other agency, to accept you as a bona fide member of the disaster team. Volunteers who have not completed training and have received an ID card are not eligible to participate in a disaster response.

Insurance

You are expected to carry your own medical insurance and vehicle insurance for personally owned equipment used during a disaster.

Attire

If your attire is inappropriate for a task, you will be reassigned to a safer position. This is for you and your co-workers safety. Please do not wear open-toed shoes or orange outer garments.

Health

If you are not in robust health, do not attempt front-line duty. There are many positions where only a healthy mind is required. Specifics of your health status do not need to be disclosed, but it is your responsibility to be sure that your work assignment is appropriate to your health status. As an incident wears on, medical problems that are not usually limiting become significant. If you begin to have difficulty, please notify your immediate supervisor promptly to be reassigned or excused.

Please remember that blood on the surface of an animal may not have originated from that animal; i.e. it may be human blood inadvertently spilled on the animal's coat during a disaster or an attempted rescue. Due to certain blood-borne viruses, such as hepatitis or AIDS, your potential exposure to human blood - especially if you have any open sores that contact the blood - is generally a much greater risk than exposure to animal blood. Please use rubber gloves, CPR masks, and other appropriate measures to protect yourself from exposure to any blood.

Please keep your tetanus vaccines up to date and carry a doctor's certification of your most recent inoculation. Rabies is a very serious risk in a disaster situation, especially in Butte County. It is strongly recommended that all volunteers get pre-exposure rabies vaccinations. Take proper precautions to avoid animal bites, and if bitten, please report immediately to your supervisor.

Behavior

Exemplary behavior from all volunteers is expected at all times. The command structure is to be respected and neither usurped nor ignored at any time. The on duty supervisor is the ultimate on-site decision-maker for all situations within the animal response program. If a duty schedule is in force, and if you are working outside your assigned time slot or work position, you may be sent home. Fatigue can cloud judgment, shorten tempers and affect quality of work on subsequent shifts. Any confrontational behavior, evidence of illegal drug use, alcohol consumption, inappropriate smoking, willful failure to follow instructions, interference with others' work or evidence of theft may incur reassignment, surrender of badge or relief of duty for a period of time. Any other obviously inappropriate behavior will be handled similarly.

Food and Shelter

You are expected to bring all necessary clothing, food, drinking water, medication, bedding, and personal care supplies needed during the first 48 hours of a disaster incident. If appropriate and feasible, bring your own shelter from rain or sun. You may not be able to return home or leave the facility to purchase necessary items.

Your Own Animals

If your own animals, home or business are at risk from a progressing disaster, please take care of your own animals and structures before reporting to help others. This includes evacuation of your own animals. If you have already committed to an immediate response, please let your supervisor know that you will be late or absent, especially if you are to fill a leadership position.

Background Check

It is a requirement of Butte County Public Health that all Volunteers pass a background check done by Public Health. This could possibly include fingerprinting. The results of the background check will be kept confidential. Any possible problems/conflicts will be discussed and decided on an individual basis.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE RULES AS STATED. I AGREE TO ALL CONDITIONS OF THIS CONTRACT. I HAVE BEEN ISSUED AN IDENTIFICATION CARD AND I UNDERSTAND THAT IF I BREAK THE RULES OF THIS CONTRACT, I MAY HAVE TO SURRENDER MY ID CARD AND FORFEIT MY VOLUNTEER STATUS PERMANENTLY.

Signature _____ Date _____

Print Name _____

North Valley Animal Disaster Group Volunteer Agreement and Release of Liability

I, _____, **HEREBY ACKNOWLEDGE** that I have voluntarily applied to assist the North Valley Animal Disaster Group.

I AM AWARE THAT TRAINING FOR, AND WORKING IN, A DISASTER SITUATION MAY BE HAZARDOUS, AND THAT I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE NATURE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

Please Initial: _____

AS LAWFUL CONSIDERATION for being permitted by the North Valley Animal Disaster Group to assist in disasters and receive, disaster relief training and instruction, or other like considerations, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns will not make a claim against, sue, attach the property of, or prosecute the North Valley Animal Disaster Group, or any of its individual volunteers, for injury or damage resulting from negligence or other acts, howsoever caused, by any volunteer, employee, agent, or contractor of the North Valley Animal Disaster Group or its affiliates, as a result of my assisting in a disaster, or participating in any training or other function. In addition, I hereby release and discharge the North Valley Animal Disaster Group, any of its individual volunteers, and its affiliate organizations from all actions, claims, or demands that I, my heirs, distributees, guardians, legal representatives, or assigns may have for injury or damage resulting from my participation in any function involving the North Valley Animal Disaster Group.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE NORTH VALLEY ANIMAL DISASTER GROUP AND ME, AND I SIGN IT OF MY OWN FREE WILL.

Signature _____ *Date* _____

DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

SHADED AREAS REQUIRED BY PROGRAM REGULATIONS

ATTACH
PHOTOGRAPH
HERE

This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.

CLASSIFICATION: ANIMAL RESCUE AND SHELTER **SPECIALTY:** _____

REGISTERING AGENCY OR JURISDICTION: BUTTE COUNTY

SIGNATURE OF AUTHORIZED PERSON: _____ **TITLE:** _____

REGISTRATION DATE: _____ **RENEWAL DATES:** _____

EXPIRATION DATE:* _____ **DSW CARD ISSUED?:** NO? YES? #: _____

PROCESSED BY: _____ **DATE:** _____ **TO CENTRAL FILES:** _____

NAME: LAST		FIRST		MI	
ADDRESS:			CITY:		STATE ZIP:
COUNTY:			HOME PHONE:		WORK PHONE:
PAGER:			E-MAIL:		DATE OF BIRTH: (optional)
DRIVER LICENSE NUMBER: (if applicable)			DRIVER LICENSE CLASSIFICATION: A? B? C? OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:
IN CASE OF EMERGENCY, CONTACT:					EMERGENCY PHONE:
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
COMMENTS:					

PARENT/LEGAL GUARDIAN CONSENT FOR MINOR

As the parent or legal guardian of _____, a minor, I hereby give my full consent and approval for him/her to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of him/her.

_____ _____
SIGNATURE OF PARENT/LEGAL GUARDIAN **DATE**

Government Code (GC) §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GC §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the
PRINT NAME
 Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on _____ in _____, _____, California.

_____ _____ _____ _____
DATE **City** **COUNTY** **SIGNATURE OF VOLUNTEER**

_____ _____ _____
DATE **SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH** **TITLE**

*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is at the discretion of the Accredited Disaster Council but not to exceed one year. (See GC §3102)

**COUNTY OF BUTTE – DEPARTMENT OF HUMAN RESOURCES
VOLUNTEER RECORD FORM**

Original

Supplementary

Volunteer's Name: _____ Social Security No.: _____

Address: _____ Date of Birth: _____

_____ Phone: _____

Emergency Contact: _____ Phone: _____

Address: _____

Department: Public Health Division: Animal Control Start Date: _____

Project: NVADG Duration: _____ End Date: _____

Explanation of Activity: BCAC activation during an animal evacuation

Days and Hours Worked: Varies, depending on disaster

I certify that I will perform voluntary duties without pay only when assigned by a county representative and I understand that these activities are covered by the Butte County Worker's Compensation Insurance Program.

Volunteer's Signature: _____ Date: _____

I hereby certify that the statements on this form are true and correct to the best of my knowledge and belief.

Appointing Authority's Signature: _____ Date: _____

Return to:
Department of Human Resources

PER – 15 (Rev.08/09)

INSTRUCTIONS FOR FORM PER – 15

1. Volunteer is to complete form PER – 15 and submit to Department Representative or Appointing Authority.
2. Appointing Authority is required to review form and authorize the use of a volunteer.
3. The Department is to retain a copy and forward the original copy to the Department of Human Resources.



Butte County

LAND OF NATURAL WEALTH AND BEAUTY
DEPARTMENT OF HUMAN RESOURCES
County Administration Building, 25 County Center Drive
Oroville, California 95965-3387

“EMPLOYEE RELATIONS NETWORK MEMBER”

Tel: (530) 538-7651 - Fax: (530) 538-7790
TTY (TDD): (530) 538-6833
Recruitment Hotline: (530) 538-7653

APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give **EMPLOYEE RELATIONS NETWORK MEMBER** and **EMPLOYEE RELATIONS, INC.** (hereinafter collectively referred to as “you”) the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. I indemnify you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report or other information regarding me and may consult certain files which are available. I understand that **EMPLOYEE RELATIONS, INC.** will retain the results of this investigation and a copy of my application for employment and this information may, with appropriate authorization, be disclosed in subsequent investigations to other Members of the **EMPLOYEE RELATIONS NETWORK**. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Should an investigative consumer report be obtained from an Investigative Consumer Reporting Agency in connection with my application for employment, I understand that I have the right to receive a copy of my report, free of charge from Employee Relations, Inc., by checking the box below.

PLEASE PROVIDE ME A COPY OF ANY REPORT GENERATED ON ME AS A RESULT OF THIS APPLICATION FOR EMPLOYMENT

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information and my driving record.

Date of Birth: _____

DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION; IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.

APPLICANT NAME (PRINT): _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DRIVER’S LICENSE NUMBER: _____ STATE: _____ EXPIRATION: ____/____/____

SIGNATURE: _____ DATE: _____

APPLICANT’S SIGNATURE



Butte County

LAND OF NATURAL WEALTH AND BEAUTY

DEPARTMENT OF HUMAN RESOURCES

County Administration Building
25 County Center Drive
Oroville, California 95965-3387
Tel: (530) 538-7651 - Fax: (530) 538-7790
TTY (TDD): (530) 538-6833
Recruitment Hotline: (530) 538-7653

APPLICANT NOTIFICATION

In conjunction with your application for employment with us, we utilize the services of EMPLOYEE RELATIONS, INC. to conduct a background investigation. The investigative report may be comprehensive and include inquiry into education, residence history and activities, including, but not limited to public records, credit history, criminal background information, and driving record.

EMPLOYEE RELATIONS, INC. will, to the extent permitted by law, upon request, reasonable notice, and proper identification, provide you with information that was used in generating the report.

EMPLOYEE RELATIONS, INC. can be contacted at:

EMPLOYEE RELATIONS, INC.
20720 VENTURA BOULEVARD, SUITE 200
WOODLAND HILLS, CA 91364
(818) 887-9129
OR BY EMAIL TO: complianceofficer@erelations.com