

# INDIANA VETERINARY MEDICAL RESERVE CORPS (VMRC)

## VOLUNTEER APPLICATION

All information given is voluntary. Please type or print legibly.

Type of application (check one):  New  Renewal

Name \_\_\_\_\_  
First Name M.I. Last Name

Home mailing address \_\_\_\_\_  
Number and Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

Cell phone number \_\_\_\_\_ Can this phone receive text messages? \_\_\_\_\_

Animal clinic/hospital name \_\_\_\_\_ Clinic phone \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State ZIP

Emergency contact name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Which describes you? (Check one)

\_\_\_ Veterinarian      \_\_\_ Registered Veterinary Technician      \_\_\_ Animal Control personnel

**What handling experience do you have?** (check all that apply)

Companion Animal	Large Animal	Poultry	Farm Exotics	Other (list)
<input type="checkbox"/> Dogs	<input type="checkbox"/> Cattle	<input type="checkbox"/> Chickens	<input type="checkbox"/> Ratites	_____
<input type="checkbox"/> Cats	<input type="checkbox"/> Sheep/Goats	<input type="checkbox"/> Turkeys	<input type="checkbox"/> Camelids	_____
<input type="checkbox"/> Pet Birds	<input type="checkbox"/> Swine	<input type="checkbox"/> Ducks	<input type="checkbox"/> Cervidae	_____
<input type="checkbox"/> Pocket Pets	<input type="checkbox"/> Equine	<input type="checkbox"/> Geese		_____

What types of emergencies/disasters are you willing to volunteer for? (Check all that apply)

- Natural (large scale flood/tornado)       Highway/trailer accident  
 Animal Health (animal disease event)

Are you willing to volunteer in non-disaster times for educational purposes? \_\_\_ Yes \_\_\_ No

Have you taken any emergency management courses? \_\_\_ Yes \_\_\_ No

If yes, list the courses you have taken. \_\_\_\_\_

**Equipment**

Do you have a mobile unit? \_\_\_ Yes \_\_\_ No If yes, describe \_\_\_\_\_

Do you own a portable x-ray machine for field use? \_\_\_ Yes \_\_\_ No

Do you own a portable generator? \_\_\_ Yes \_\_\_ No

Do you own a small animal incinerator? \_\_\_ Yes \_\_\_ No

List any rescue/animal care equipment you have that is available for use during a disaster?

\_\_\_\_\_

**Skills/Areas of Expertise** (check all that apply)

<input type="checkbox"/> Field capture	<input type="checkbox"/> Record Keeping	<input type="checkbox"/> Computer
<input type="checkbox"/> Driver	<input type="checkbox"/> Building & Repair	<input type="checkbox"/> Education/Teaching
<input type="checkbox"/> Transportation	<input type="checkbox"/> Equipment Maintenance	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Communications	<input type="checkbox"/> Historian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Security	<input type="checkbox"/> Electrical Repair	<input type="checkbox"/> Other _____
<input type="checkbox"/> Medical Degree/Certification	_____	

**Scrub top size** (circle one)    S    M    L    XL    XXL    XXXL

During a disaster or emergency I will follow the rules and procedures set forth by the Veterinary Medical Reserve Corps (MRC).

1. I will not represent MRC to the media.
2. I will not abuse or neglect any animal under the care of MRC during a disaster.
3. I will not use or consume alcohol or illegal drugs while serving as a volunteer for MRC.
4. I will not smoke, unless in a designated area.
5. I will not bring or have on my person guns, knives or bow-arrows while serving as a volunteer for MRC.
6. I will present myself in a professional manner while serving as a volunteer for MRC.
7. I will be rostered with Serve Indiana as a recognized first responder with the State of Indiana.
8. I will not intentionally or recklessly damage or destroy any property or equipment while serving as a volunteer for MRC. If damage or destruction is done intentionally, I will repair or replace the object at my own expense.
9. I understand that any breach of the above will result in my termination as a volunteer for MRC.

I certify, to the best of my knowledge, that all statements are true, correct, complete and made in good faith.

I agree to allow any of the above information to be stored in the USA HERDS and Serve Indiana databases, password secured, on the internet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Join BOAH's Veterinary MRC Facebook group at: [www.facebook.com/groups/InBOAHmrc/](http://www.facebook.com/groups/InBOAHmrc/)  
BOAH's Veterinary MRC LinkedIn group**



**Indiana State Board of Animal Health; VMRC Program**  
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Submit this application by clicking submit or save this document and email to:  
[animalhealth@boah.in.gov](mailto:animalhealth@boah.in.gov).

**Submit**