

Colorado Veterinary Medical Reserve Corps Volunteer Application

Return to:
Deborah Foote- CO VMRC Unit Coordinator
Colorado Veterinary Medical Foundation
191 Yuma Street, Denver, CO 80223
303.318.0447 (office) 303.318.0450 (fax)
deborahfoote@cvmf.org

Personal information – please print or type			
Last name	First name	Middle initial	Suffix
Street address		City	State Zip
Mailing address (if different)		City	State Zip
Home Phone ()	Cellular phone ()	Preferred E-mail address <input type="checkbox"/> Work <input type="checkbox"/> Home	
Date of birth	County of residence	County of employment	
Employer	Job/Title	Do you have a valid Colorado driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work address		City	State Zip
Work phone	Other contact information (explain)		

Emergency Contact – to be notified in case of an emergency			
Last name	First name	Relationship	
Street address		City	State Zip
Home Phone ()	Cellular phone ()	Work phone	

Professional Licensure, Certification and Specialties			
Do you have a valid veterinary medical license for CO? ¹ Yes <input type="checkbox"/> No <input type="checkbox"/>	License number	Expiration Date	Other state licenses
Are you a CO Certified Veterinary Technician? Yes <input type="checkbox"/> No <input type="checkbox"/>	CACVT Certification number	Expiration Date	Other states in which certified/licensed
Veterinary/Technician degree received from:		Degree:	Year of graduation
Please note any board certifications, specialties or additional licenses:			
Please check here if you are a Federally accredited veterinarian: <input type="checkbox"/>			

¹ Please note if you are licensed under Colorado State University Veterinary Teaching Hospital's academic license

Professional skills and related experience

Veterinary practice experience: Please check the practice or species areas in which you feel you have competency.

- Companion animals
- Exotic or avian
- Equine
- Production livestock
 - Dairy
 - Beef cattle
 - Small ruminants
 - Swine
 - Alternative livestock (elk, deer, etc.)
- Zoo
- Wildlife
- Other: _____

Briefly list additional training/skills that may be supportive of your role in the CO Veterinary Medical Reserve Corps (attach pages if needed)

Additional Information:

Which unit are you registering for? COVMRC COVMRC-West
COVMRC-West covers the counties west of the Continental Divide and the San Luis Valley

Are you willing to travel and volunteer outside your: County? Yes No State? Yes No

Languages other than English: Spanish Sign language Other:

Do you have any special considerations or medical restrictions that are relevant to the CO VMRC?
 Yes No *If yes, please explain:*

Registration Checklist:

- ✓ Sign up on the Medical Reserve Corps site (www.MedicalReserveCorps.gov)
 (This is not required, but you can sign up to receive informational updates from MRC)
- ✓ Sign up on the Colorado Volunteer Mobilizer (<https://covolunteers.state.co.us/>)
 (This is required and it will allow us to communicate with our unit members, issue mobilization alerts, and will produce an automatic criminal background check through the Colorado Bureau of Investigation. Be sure to upload your FEMA 100/700 certificates)
- ✓ Sign up for the USDA National Animal Health Emergency Response Corps (www.usajobs.gov)
 Search for "NAHERC" – veterinarians and technicians can sign up for future paid deployments
 Signing up for NAHERC does not obligate you to deploy if asked

1. The information provided herein is complete and true. Incomplete or untrue information may result in termination from the CO VMRC program.
2. I authorize a background check, verification of information and additional screening procedures and authorize release of employment verification information to the CO VMRC, including the Colorado Veterinary Medical Foundation or supporting state agencies.
3. I hold the CO VMRC and supporting agencies harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the CO VMRC. I understand that the CO VMRC will use this information only as part of its verification of my volunteer application.
4. I agree to respect the rights, property, and confidentiality of emergency workers and individuals affected by disaster.
5. I agree to adhere to the instructions of my job assignment and follow the published CO VMRC "Code of Conduct"
1. I understand that CVMF insurance coverage for accidental injury will be secondary to my personal health and disability insurance and that no my personal insurance will be the only coverage for illness while training with or deploying for the Colorado Veterinary Medical Reserve Corps program.²

Signature: _____ Date: _____

² This policy may periodically be updated by the CO VMRC and partnering agencies and organizations.