



## DARTNS MEMBERSHIP APPLICATION

New Membership  Membership Renewal

Prefix:  Ms.  Mrs.  Mr. First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Birth Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Driver's Licence:  Yes  No Class:  1  2  3  4  5  6  7  8

Languages Spoken:  American Sign Language  Spanish  German  Japanese  
 French  Dutch  Russian  Chinese  
 Other:

### I Am Interested In Assisting With The Following:

<input type="checkbox"/> Tabling Events	<input type="checkbox"/> Construction / Handyman	<input type="checkbox"/> Hands-On Animal Work
<input type="checkbox"/> Website Design	<input type="checkbox"/> Supply Donation/Fundraising	<input type="checkbox"/> Counsellor
<input type="checkbox"/> Volunteer Coordination	<input type="checkbox"/> Administration	<input type="checkbox"/> Animal Medical Care
<input type="checkbox"/> Media and Advertising	<input type="checkbox"/> Decorating/Posters/Brochures	<input type="checkbox"/> Emergency Animal Fostering

Vaccinations:  Tetanus  Hepatitis A  Hepatitis B  Rabies Pre-Exposure

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Please note\*\*\*\* If this is a renewal application and you have had a Criminal Background Check performed within the past Five (5) years and it is on file with DARTNS you DO NOT need to furnish a new one at this time. All Fostering Members are required to have a Criminal Background Check performed.

Responding Member <input type="checkbox"/> (Responder)	Associate Membership <input type="checkbox"/> (Non-Responder)	Student Membership <input type="checkbox"/> (Under 18)	Fostering Membership <input type="checkbox"/> (Responder)
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Other organizations I am affiliated with or volunteer with:

\_\_\_\_\_

### Memberships run from April 1st to March 31st

By signing this application, I believe I meet the criteria for membership in the Disaster Animal Response Team of Nova Scotia and if accepted, I understand that I will abide by its By-Laws and administrative policies and Code of Conduct. If I wish to become a Responding or Foster Care Member, I understand I will be required to have a Criminal Background Check performed. All responding members must be 18+ years old. Please also include a signed copy of the DARTNS Code of Conduct with your membership application.

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Date)

**Animal Skills: Check Animal Skills Which You Possess At The Professional Level.**

- Training And Behaviour     Health/Medical     Grooming  
 Shelter Management     Grief Counselling     Other Relevant Animal Skill List Below

**Animal Handling Types: Indicate Your Strong Skills In Any Of The Following.**

- Dogs     Cat     Reptiles     Feral Cat Handling     Birds  
 Other: \_\_\_\_\_

**Certifications/Licenses: Indicate Any Current Certifications Or Licenses**

- Veterinarian     Pet First Aid Instructor     Current Animal Control Officer  
 Veterinary Technician     Ham Radio Operator     Other Relevant Certification List Below

**Enter If You Would Like To Be Recognized As A Veterinarian.**

**Veterinary License Number:** \_\_\_\_\_

**Other Professional Skills: Indicate Other Skills You Possess At Or Near The Professional Level.**

- Photography     Videography     Writing/Journalism     Database Management     Teaching

**Certifications: Check All For Which You Carry Current Red Cross (Or Equiv.) Certification.**

**\* Indicates Required.**

- Pet First Aid     \*Standard First Aid     \*CPR     AED Essentials     Oxygen Administration

**Disaster Or Animal Rescue, Sheltering Experience:**

- None     Red Cross     Emergency Management     IFAW     Red Rover  
 Law Enforcement     Salvation Army     Animal Rescue Corps     EMT     HSUS  
 Other:     Noah's Wish     American Humane     Code 3     Firefighter

**FEMA or Canadian Equivalent Classes: Check Classes You Have Completed    \* Indicates Required.**

- \* ICS (IS-100)     Intro To NIMS (IS-700)     Citizens' Guide (IS-7)  
 ICS (IS-200)     Animals In Disaster - Mod A (IS-10)     Animals In Disaster - Mod B (IS-11)

**Training /Workshops**

- Animal Intake 101     HSUS DART Workshop     Red Rover Workshop  
 Cat Handling 101     HSUS EAS Workshop     Shelter Setup And Intake  
 Dog Handling 101     HSUS First Aid For Disaster Responders     Other Training Or Workshops  
 Reptile Handling 101

**What Other Training If You Checked Other:**

**T-Shirt Size: T-Shirts Can Be Purchased Through Our Treasurer:**

[treasurer@dartns.org](mailto:treasurer@dartns.org)

- Sm     Med     XXL  
 Lrg     XL

Upon completion of this application to DARTNS and forward to: **14 Court Street Suite 200, Box 151, Truro, NS, B2N 3H7, Please email a recent head shot photo to [membership@dartns.org](mailto:membership@dartns.org).**

**For Office Use:**

Date Received:	Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approved By:			