



Thomas DeGise
County Executive

Hudson County
Office of Emergency Management
595 County Avenue, Secaucus, New Jersey 07094
Tel: (201) 319-3871 Fax: (201) 319-3875



Jack Burns
County Coordinator

Hudson County Animal Response Team (CART)

Applicant's Contact Information

Name:		Name of Employer:	
Home Address: City: State: Zip:		Work Address: City: State: Zip:	
Home Phone:	Cell Phone:	Work Phone:	Fax:
E-mail:	County You Live In:	Work E-mail:	County You Work In:
Pager/Text Message #:	Emergency Contact Name:	Emergency Contact's #:	Relationship to Emergency Contact:
Licensed Veterinarians, please indicate license number:		Professional Position/Title: May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Experience/Skills Information – LIST/CHECK ALL THAT APPLY

List all the species that you normally treat/handle/have experience with:

Check below the job related experience/skills you have with the above species (provide further explanation if needed)

<input type="checkbox"/> Animal Handling/ Grooming	<input type="checkbox"/> Feral Cats	<input type="checkbox"/> Fractious Dogs	<input type="checkbox"/> Pocket Pets/Exotics (circle appropriate choice)
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Check below the other skills that you have

<input type="checkbox"/> Management Skills	<input type="checkbox"/> Logistical Skills	<input type="checkbox"/> Customer Service Skills	<input type="checkbox"/> Amateur Radio Operator
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Information on Training – CHECK ALL THAT APPLY

IS-100 IS-200 IS-300 IS-400 IS-402 IS-700 IS-800
 IS-10 IS-11 IS-111 HSUS Emergency Animal Sheltering Course
 Other courses – please describe:

Please attach copies of all related New Jersey State or FEMA certifications

Information on Response

Willing to respond in my county Willing to assume a leadership role Willing to assume a support role

Have up-to-date inoculations for the following: Rabies Tetanus Hepatitis A Hepatitis B

Please indicate assignments that you would be willing to perform during a disaster:

- | | |
|---|--|
| <input type="checkbox"/> Set-up | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Break-down | <input type="checkbox"/> Animal Food Procurement |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Runner/Gopher |
| <input type="checkbox"/> Telephone Duty | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Data Entry/Computer Work | <input type="checkbox"/> Record Keeping |
| <input type="checkbox"/> Inventory/Supplies Procurement | <input type="checkbox"/> Vet Tech |
| <input type="checkbox"/> Grief Counselor | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Cage Cleaning |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Grounds/Site Cleaning |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Garbage | |

Do you have any supplies/equipment you can make available during a response (trailers, 4-wheel drive vehicles, crates, carriers, etc.) – Please list:

Applicant's Signature

Date

Applicant's Name (Please Print)

Applicant's Signature

FOR OFFICIAL USE ONLY

Approved Denied

Date

Signature of CART Representative

Hudson CART Code of Conduct

1. Hudson CART members, when activated by the County Office of Emergency Management and directed to perform duties, are considered as authorized emergency management volunteers and will perform their duties in "good faith" to be protected by the emergency management liability coverage.
2. As volunteers, Hudson CART members will not be reimbursed for the work performed and thus individuals shall not accept personal gratuities or will be paid by the county.
3. Members shall be expected to accept assignments and/or orders as directed by the supervising authority (ICS Incident Commander) or, if required, make discretionary decisions based on appropriate intent and good judgment.
4. Members shall remain in contact with the appropriate ICS authority and confine their activities to the stated mission and directives of the Incident Action Plan.
5. Members shall identify operations/tasks that are beyond their capabilities based on their experience, training, and knowledge.
6. Members shall observe all safety rules and regulations and be familiar with proper usage and operation of all equipment.
7. Members that will be handling animals must have current vaccinations for Rabies, Tetanus and Hepatitis A.
8. All members shall wear current Hudson CART identification while representing Hudson CART and/or activated and on duty for a disaster. Those with professional credentials shall have it with them during activation.
9. Members shall project a professional manner and appearance while participating in any Hudson CART-related activities. The following will not be tolerated while on site at a disaster, conference, training or other Hudson CART activity:
 - a) consumption of alcoholic beverages while on duty or any display of public drunkenness
 - b) possession, use or selling of any illegal drugs
 - c) violation of any laws
 - d) public outbursts or public derogatory remarks about other organizations or individuals
 - e) illegal use or display of a firearm
10. Members while representing Hudson CART will not participate otherwise in operations that serve to promote personal gains or ideologies.
11. Members shall refrain from taking photographs out of respect of the privacy of the owners/disaster victims.
12. The Incident Commander, Hudson County Office of Emergency Management Director or their designees will have the authority to de-activate any activated Hudson CART member for behavior(s) that is contrary to the Hudson CART Code of Conduct, based upon their discretion.
13. Hudson CART members will annually sign and submit a Hudson CART Code of Conduct.

Applicant's Signature

In signing this Code of Conduct, I certify that to the best of my knowledge that I understand and agree to abide by the statements identified within this document and the NJSART manual.

Date

Applicant's Name (Please Print)

Applicant's Signature