



CHARLESTON COUNTY
DISASTER ANIMAL RESPONSE TEAM (DART)
Application for Training

DATE OF APPLICATION: _____

Name: _____

Mailing Address: _____

City: _____ State/Zip Code: _____

Phone – Home: _____ Phone – Work: _____

Phone – Cell: _____ Phone – Pager: _____

Email Address: _____

Name of Employer: _____

Employer's Address: _____

Have you ever been convicted of Animal Cruelty? Yes _____ / No _____

Please provide as much information that pertains to your training and experience at this time.

EXPERIENCE (Animal Handling): _____

TRAINING: (please provide copies of Certificates)

CERT Course (REQUIRED): Date _____ Instructor/Location: _____

FEMA/EMI Independent Study Courses:

IS-10 Animals in Disaster- Mod A: Date _____

IS-11 Animals in Disaster- Mod B: Date _____

IS-111 Livestock in Disaster: Date _____ (Rq for Livestock Volunteers)