

**Wildlife Associates  
Volunteer Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_ (fax) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Volunteer Opportunity(s) that interest you:**

- ( ) Help Out at the Wildlife Sanctuary. Specify: \_\_\_\_\_
- ( ) Help Out with Education/Events. Specify: \_\_\_\_\_
- ( ) Help Out with the Business. Specify: \_\_\_\_\_
- ( ) Special Project Specify: \_\_\_\_\_

**Availability:**

Weekdays \_\_\_\_\_ Hours \_\_\_\_\_

Weekends \_\_\_\_\_ Hours \_\_\_\_\_

**Skills and Interest:**

Education \_\_\_\_\_

Paid Work Experience \_\_\_\_\_

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Volunteer Work Experience \_\_\_\_\_

Special Interest or Hobbies: \_\_\_\_\_

What previous animal experience have you had, if any? \_\_\_\_\_

Why do you want to volunteer with Wildlife Associates? \_\_\_\_\_

**Some Other Details...**

Emergency Contact \_\_\_\_\_  
(name) (relationship) (day/evening phone)

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Birthdate (month/day) \_\_\_\_\_

Health Limitations, Allergies \_\_\_\_\_

Do you have personal liability coverage? \_\_\_ Yes \_\_\_ No If so, please attach a copy of your policy.

Are you a licensed driver? \_\_\_ Yes \_\_\_ No License # \_\_\_\_\_

**TWO (2) Personal or Professional References (please exclude relatives)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

The above information is accurate and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_