

FOLKE PETERSON WILDLIFE CENTER
VOLUNTEER APPLICATION

Today's Date _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Day Phone () _____ Evening Phone () _____ Cell Phone () _____

Email _____

How did you hear about FPWC's volunteer opportunities? _____

Do you have any physical limitations? Yes No

If yes, please describe so we can be sure to identify and appropriate volunteer opportunity: _____

AVAILABILITY *Please check all that apply*

- | | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Afternoons | <input type="checkbox"/> I don't know | <input type="checkbox"/> Special Event |

Please list days/hours available:

SUN	MON	TUE	WED	THUR	FRI	SAT

Have you volunteered at a wildlife rehabilitation center before? Yes No

If yes, where: _____ For how long? ____ Yrs. ____ Mths

List responsibilities _____

TYPE OF VOLUNTEER WORK *Check categories of interest*

Current Opportunities:

FOOD PREP, CAGE CLEANING, FEEDING, ETC. (*inside*) Do you have experience? Yes No

If yes, please explain: _____

FEEDING, CLEANING, PRE-RELEASE CONDITIONING, ETC. (*Outside habitats*)

Do you have experience? Yes No

If yes, please explain: _____

VETERINARY CARE Do you have experience? Yes No

Please explain: _____

ANIMAL RESCUE: *Please list experience and/or training*

ANIMAL TRANSPORT: *How for can you travel?*

GARDENING/LANDSCAPING

FUNDRAISING

CONSTRUCTION/REPAIRS

SPECIAL EVENTS

RECEPTIONST/DATA ENTRY

Future Opportunities:

FAIRS, FESTIVALS, TABLING

DOCENT

GIFT SHOP

EDUCATION, PRESENTATIONS, and/or PUBLIC SPEAKING

Thank You! We will contact you.