



Join the Wildlife Rescue Volunteer Team Today!

Thank you for your interest in helping Wildlife Rescue continue its important work. Every volunteer is a precious resource, and a contribution of your time, priceless! Please answer all of the questions and click on the "Finished" button. Your sign-up form will be sent to the Wildlife Rescue Volunteer Coordinator, who will contact you directly once your application has been processed.

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: (day) _____ (evening) _____ (cell) _____

Best number to contact you at? Day Evening Cell Email: _____

Birthdate (Month/day) _____ (must be at least 18 years of age) Male Female

How did you hear about Wildlife Rescue? _____

Please check those areas in which you are interested in volunteering:

- | | |
|--|---|
| <input type="checkbox"/> Animal Care - Clinic | <input type="checkbox"/> Animal Home Care |
| <input type="checkbox"/> Education / Public Speaking (WE Team) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Reception / Wildlife Hotline | <input type="checkbox"/> Bulk Mailings |
| <input type="checkbox"/> Marketing / Web-site / Graphic Design | <input type="checkbox"/> Public Relations / Writing |
| <input type="checkbox"/> Aviary Repair / Carpentry | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Board of Directors / Committees | <input type="checkbox"/> Office (data entry) |
| <input type="checkbox"/> Other _____ | |

Previous Volunteer Experience: (list agency, task and length of service) _____

Why are you interested in volunteering with Wildlife Rescue? _____

What would you like to gain from your volunteer experience at WR? _____

Are you physically capable of standing on your feet for long periods of time? Yes No

Sometimes animals are so badly injured or diseased that they will probably not be able to survive in the wild. Because we are not allowed under our permit to keep wild animals (except for a few special educational cases), these animals are euthanized. Volunteer participation in the act of euthanasia is not a requirement. Would you be comfortable volunteering for an organization that supports this practice? Yes No

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: (day) _____ (evening) _____ (cell) _____

SCHEDULING & AVAILABILITY

Please check what days and times would be most convenient for you to volunteer, check all that apply, and indicate 1st, 2nd, and 3rd choices:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening*							

* Clinic volunteers only

Please click on the box below if the following is true:

I certify that the information I provided on this application is true and complete. As a volunteer of Wildlife Rescue, I agree to abide by the protocols, practices and policies of the organization.

That's it!! Click on the button below to send us your volunteer sign-up application. You will be contacted directly once your application has been processed. Thank you, and we look forward to meeting you soon!!

FINISHED!

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