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| Volunteer Application | logo placeholder328 Main St., Ste. 208Ames, IA 50010 |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

## Availability

### During which seasons/hours are you generally available for volunteer assignments (check as many as you wish)? NOTE: This can be somewhat flexible.

|  |  |
| --- | --- |
| Fall |  |
| Spring |  |
| Summer |  |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Driver’s License

|  |  |
| --- | --- |
| Do you have a valid Driver’s License? |  |
| Do you have a vehicle you can use for volunteer tasks, if needed? |  |

## Health

|  |  |
| --- | --- |
| Have you had a rabies pre-exposure vaccination? If so, what year? |  |
| Do you have allergies to chemicals, feathers, dust, fur, insect bites or stings? If so, are they manageable? |  |

## Interests

### Tell us which areas you are interested in exploring **most** as a volunteer.

|  |
| --- |
| Office Administration, including wildlife calls from the public and data entry |
| Events, including publicity, organizing, set-up |
| Education and Outreach, including website, social media, newsletter |
| Land Stewardship, including invasive species removal and native species restoration |
| Fundraising |
| Rehab -- mammal |
| Rehab -- bird |
| Rehab -- reptile |
| Orphans -- mammal |
| Orphans -- bird |
| Orphans -- reptile |
| Re-unite -- mammal |
| Re-unite -- bird |
| Re-unite -- reptile |
| Rescue |
| Transport |
| Building and Construction work (cages, perches, buildings, etc.) |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.