



NORTHWEST WILDLIFE REHAB CENTER

P.O. BOX 4273 Bellingham WA. 98227: 3671 Mt. Baker Hwy. Everson 98247

www.northwestwildlife.org

Volunteer Application

Name: _____ Date: _____

Home address: _____

Home phone: _____ Cell phone: _____

Best times to contact _____ Email: _____

Date of Birth (age requirement of 18 or older unless volunteering with a guardian and between ages 14 through 17)

Emergency Information: In an emergency, please call: Name: _____

Phone: _____ Relationship: _____

Health Insurance Company: (strongly recommended for some positions) _____

Frequency of Availability (volunteer positions require a minimum of volunteering once every two weeks and a three month commitment)

Regular Basis

Flexible for Periodic projects and Events

Short Term

Education, training, and volunteer experience: (For Wildlife Care and Transport Positions, include any experience working with wildlife or domestic animals, including medical or rehabilitation care)

Hobbies, skills, and special interests:

Do you have any allergies or physical limitations we need to know about:

Volunteer Positions and Opportunities (Check as many as you like. Availability Varies)

Wildlife Care Center

- Wildlife Care Center Volunteer (includes Animal Care and Transport, and Answering Phones)
- Animal Transport Only
- Building and Maintenance (painting, electrical, washer/dryer repair, plumbing, etc.)
- Animal Enclosures Design, Building and Maintenance
- Administrative Support (document copying, data entry, phones)

Outreach and Education

- Newsletter coordination, distribution and delivery
- Public Speaker
- Booth set up and attendance at various events
- Webpage maintenance

Volunteer Support (Includes Event Planning and Implementation)

- Volunteer Recognition Events and Parties
- Volunteer Recruitment and Advertising
- Volunteer Training Programs

Fundraising

- Annual Fundraising Event
- Development and implementation of other fundraising events/projects
- Grant Writing
- Membership recruitment and maintenance
- Presentations to individuals and groups for fundraising purposes

Orientation Availability:

- | | | | | | | | |
|-----------------------------|----|-----|----|-----------------------------|----|-----|----|
| <input type="checkbox"/> M | am | aft | pm | <input type="checkbox"/> S | am | aft | pm |
| <input type="checkbox"/> T | am | aft | pm | <input type="checkbox"/> Su | am | aft | pm |
| <input type="checkbox"/> W | am | aft | pm | | | | |
| <input type="checkbox"/> TH | am | aft | pm | | | | |
| <input type="checkbox"/> F | am | aft | pm | | | | |

Specifics: _____

References:

1. _____
2. _____