



Wildlife Learning Center

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () E-mail Address: _____

Date Available to Start: _____

End Date _____

Education

High School:

From: _____ To: _____ Did you graduate? YES NO

College:

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other:

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

1) Full

Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

2) Full

Name _____ Relationship _____

Company _____ Phone _____ ()

Address _____

Availability

Please Describe your Availability: (Shifts are every day of the week, 9am-12 or 1pm-4pm)

Background

Can you lift 50 pounds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have any physical limitations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes explain:
Do you have a fear of any animals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes explain:
Do you have any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes explain:

Emergency Contact Sheet & Insurance

Emergency Contacts

Name: _____ Relationship: _____
City/State: _____ Phone Number(s): _____

Medical Information

1. Do you have medical insurance? _____ If yes, is it a PPO / HMO / Other (_____)

Please indicate plan name and policy number: Plan Name: _____

Policy Number: _____

2. Are you up to date on Tetanus and TB shots? _____

3. Are there any allergies or medical conditions we should be aware of? _____

If yes, please explain:

4. Primary Care Physician Name: _____ City/State: _____

Medical Group Name: _____ Office Phone Number: _____

I understand that this volunteer application and any other organizational documents are not a guarantee of volunteer placement. I understand that my volunteership can be terminated at any time for any reason.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from volunteering at Wildlife Learning Center.

Applicant's Signature: _____

Date: _____

Parent or Guardian Signature (If Under 18 years): _____

Date: _____