Wildlife Learning Center

Volunteer Program Description

Wildlife Learning Center is a wildlife education company founded more than 15 years ago to teach wildlife biology from kindergarten to college level. The utilization of over 50 species of animals presented by a team of biologists and animal trainers provides numerous examples for demonstrating a wide variety of biological concepts.

At this time, we are searching for dedicated, caring, animal-experienced volunteers to join us for fun, stimulating, enriching work at our center.

MUST be age 16 or over and be available for at least one CONSISTENT day a week for a minimum of 6 months.

Please be aware that there is minimal hands-on interaction with the animals. This is for your safety and theirs. Our volunteers work their way up to activities like cleaning the rabbit hutches, and cleaning and feeding the hedgehogs, chinchillas etc. Typical animal care activities include cleaning crates and dishes, raking the tortoise enclosure, and watering plants.

To become a part of our amazing team of animal and nature enthusiasts, a volunteer application MUST be completed and returned; after we review the application we will send a confirmation email inviting you to an interview.

All applicants who receive an email confirmation will be eligible to sign up for one of our interviews, which will be held at 9:00 AM on the second Sunday of every month.

Please E-mail Completed Volunteer Applications To
volunteers@wildlifelearningcenter.com
FAX to (818) 362-8001.
Questions? Please feel free to contact us: (818) 362-8711
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: ___________________________

Previous Employment

Company: ___________________________ Phone: (____)

Address: ___________________________ Supervisor: ___________________________

Job Title: ___________________________

Job Description: ___________________________

Responsibilities: ___________________________

From: To: Reason for Leaving: ___________________________ [ ] YES [ ] NO

May we contact your previous supervisor for a reference? [ ] YES [ ] NO

Company: ___________________________ Phone: (____)
Address

Supervisor

Job Title

Job Description

Responsibilities

From

To

May we contact your previous supervisor for a reference?

YES

No

Emergency Contact

Name

Phone:  (     )

Relationship

Interest

Please explain why you are interested in volunteering at our center:

Skills and Certificates

Please List Skills

Please List Certificates

Availability

Please Describe Your Availability: (Shifts are every day of the week, 9am-12 or 2pm-5pm) Weekend shifts are limited.
Background

Can you lift 50 pounds? □ YES □ NO

Do you have reliable transportation? □ YES □ NO

Any physical limitations? □ YES □ NO If yes explain:

Do you have any fear of animals? □ YES □ NO If yes explain:

Do you have any allergies? □ YES □ NO If yes explain:

Emergency Contact Sheet & Insurance

Emergency Contacts
Name: ____________________________ Relationship: _______ ___
City/State: _______ Phone Number(s): ____________

Medical Information
1. Do you have medical insurance? □ YES □ NO 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? □ YES □ NO
3. Are there any allergies or medical conditions we should be aware of? □ YES □ NO If yes explain:
4. Primary Care Physician Name: ____________________________
   City/State: ____________
   Medical Group Name: ____________ Office Phone Number: ____________

“I understand that this volunteer application and any other company documents are not a contract of volunteer placement, and that any individual who is accepted to the program may voluntarily leave at any time, and may be also be asked to leave by Wildlife Learning Center at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disallowed and should not be relied upon by any prospective or existing volunteer. The information in this application is true and correct to the best of my knowledge, and I understand that any false or misrepresentation of information in my volunteer application or interview(s) may result in the refusal of placement by the Wildlife Learning Center.”

Applicant’s Signature: ____________________________
Date: _______ __________

Parent or Guardian Signature (If Under 18 years): ____________________________
Date: _______ __________