



West Sound Wildlife Shelter Volunteer Application

Name: _____ Date: _____

Home address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Birth date: ____/____/____ (if under 18 years of age)

Occupation: _____

Date of last tetanus shot: ____/____/____ (current vaccine required). If not current, you will need to arrange to get one before the start of your volunteer service with us.

Days of week and hours available to work: _____

Specific volunteer job (from job descriptions) you are interested in (in order of priority):

- 1: _____
- 2: _____
- 3: _____

Previous animal experience (domestic and wildlife): _____

Education & training. If you have taken any classes related to animal care (college courses, IWRC seminars, Audubon workshops, etc.), please list them here:

Why do you want to volunteer with West Sound Wildlife?

If you are a member of any animal welfare or environmental organizations, please list them here:

Please check the following words that best describe skills and abilities that you already possess:

- | | |
|---|---|
| <input type="checkbox"/> Wildlife Care/Handling | <input type="checkbox"/> Legal issues |
| <input type="checkbox"/> Research (wildlife issues) | <input type="checkbox"/> Grants and Development |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Database Development/maintenance |
| <input type="checkbox"/> Construction/Maintenance | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Wildlife Education | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> First Aid Training (human) | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Laboratory work | <input type="checkbox"/> Media relations |

Additional Comments: _____

Deliver, mail, email, or fax this application to:

West Sound Wildlife Shelter
Attn: Volunteer Coordinator
7501 NE Dolphin Drive
Bainbridge Island, WA 98110
lynne@westsoundwildlife.org
FAX: 206-842-6027
OR call Lynne at 206-855-9057