

Volunteer Application

Training and proof of health insurance will be required before you begin volunteering.

Date: _____

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Birthdate: _____ Health Insurance: Yes No Vehicle Insurance: Yes No

I would like to help with: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Educational Presentations |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Office Worker | <input type="checkbox"/> Building Projects |
| <input type="checkbox"/> Animal Care & Food Prep. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> House Keeping / Cage cleaning | |

Circle the days and times you might be available:

Weekdays: Mon Tues Wed Thur Fri

Weekends: Sat Sun

Other: Available during Holidays

Times: Morning Mid day Afternoon

_____ (Initial if you agree) I agree to have WERLA get a background check completed on me due to WERLA's public outreach programs, especially those involving children.

_____ Date of last Tetanus shot

Please describe any previous experience with the area(s) of interest:

Office Use only: * We would like to thank you for your interest in volunteering for our organization. We are planning a meet and greet orientation for qualified applicants. The date, time, and location will be sent out by e-mail as soon as it can be scheduled.