

## **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.