



West Sound Wildlife Shelter Volunteer Application

Name: _____ Date: _____

Home address: _____

Home Phone: _____ Cell Phone: _____

Email (required): _____

Age: _____ (if under 18 years of age)

Occupation: _____

Highest Level of Education Completed: _____

Emergency contact and phone: _____

Any medical condition that we should be aware of relevant to wildlife care:

Do you have any history of nausea or fainting when around blood, injuries, strong odors or dissecting animals (Wildlife Care Stewards only):

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 and provide proof of vaccination.

How did you hear of the shelter: _____

Days of week and hours available to work:

NOTE: Wildlife Support and Care Stewards are asked to commit to one (and the same) 4-hour shift each week. The shelter is open 7 days per week and most holidays and has 2 shifts (9am – 1pm, and 1pm – 5pm) in the fall/winter and 3 shifts (8am – 12 noon, 1pm – 5 pm, and 5pm – 9pm) in the spring/summer.

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

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

Experience with animals (domestic and wildlife): _____

List any completed classes or training related to animal care (college courses, IWRC seminars, Audubon workshops, etc.):

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"/> Grants and development | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Receptionist experience |
| <input type="checkbox"/> Database development | <input type="checkbox"/> Media relations | <input type="checkbox"/> Wildlife education |
| <input type="checkbox"/> Construction or maintenance | <input type="checkbox"/> Writing or editing | <input type="checkbox"/> IT (Systems, Networks) |

Additional Comments: _____

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

West Sound Wildlife Shelter
Attn: Lynne Weber
7501 NE Dolphin Drive
Bainbridge Island, WA 98110

Questions? Call (206) 855.9057

lynne@westsoundwildlife.org

FAX: (206) 842-6027

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