



Preserving Virginia's Natural Heritage Through Wildlife Rehabilitation

Wildlife Rescue League

APPLICATION TO VOLUNTEER

Name: _____ DOB _____

Address: _____

City: _____ State _____ Zip: _____ Email: _____

Phone(s): _____

Driver's License State: _____ Exp: _____ Auto Insurance Liability Coverage? _____

Emergency Contact Name: _____ Phone(s): _____

Parent/Guardian (if under 18): _____

Do you have any health problems or physical conditions that may interfere with performance of volunteer responsibilities? Y N If yes, explain: _____

Date of last Tetanus shot: _____ Professional Occupation: _____

Hobbies _____

Skills/Training _____

Past/Current Volunteer Positions: _____

Type of vehicle(s) to be used for transport: _____

INDICATE AREAS OF INTEREST **with numbers** (main interest = 1, 2; other areas of interest 3, 4, 5...):

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Hotline | <input type="checkbox"/> Transport injured wildlife | <input type="checkbox"/> Rehabilitator (permit required) | <input type="checkbox"/> Donations |
| <input type="checkbox"/> Public Education | <input type="checkbox"/> Fundraising/Grant Writing | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Website |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Tabling at Fairs and Events | <input type="checkbox"/> Graphic Arts |
| <input type="checkbox"/> Pro-bono Accounting and/or Legal Advice | <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Video Production | |

I certify that by signing this application, unless indicated otherwise, I am over the age of 18 and that I hold a current, valid driver's license and am insured under a current automobile insurance policy. *I understand that if I am under 18 or do not have a drivers' license or automobile policy, I may still volunteer in a capacity that does not involve transportation.*

Signed by: _____ Date: _____

WE MUST RECEIVE A COMPLETED AND SIGNED VOLUNTEER WAIVER AND RELEASE OF LIABILITY AGREEMENT BEFORE WE CAN PROCESS YOUR APPLICATION.

All data collected will be kept on file and will not be shared outside of the Wildlife Rescue League.

PLEASE SEND YOUR PAPERWORK TO **WRL P.O. BOX 704, FALLS CHURCH, VA 22040** OR EMAIL DOCUMENTS TO WRL@WILDLIFERESCUELEAGUE.ORG

ONCE YOUR APPLICATION HAS BEEN APPROVED, A WRL COORDINATOR WILL CONTACT YOU TO SCHEDULE TRAINING.

WELCOME TO THE TEAM!

WILDLIFE RESCUE LEAGUE 2015