



Volunteer Application form

Date:	Form no (for official use only):
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Personal information

Name	
Date of birth	
Phone	
Email	
Current address	
Educational qualification	
Current occupation	
Blood group	
Allergies (if any)	
Any medical conditions that may hinder or prevent you from participating in our projects	Please note: Your honesty in response to this question affects your safety (and the safety of your fellow participants). Failure to disclose any potentially important information could result in hazardous situations
Emergency contact	Name: _____ Phone: _____

Experience and requirements

1. Tell us about yourself and why you would like to work with wildlife?	Example: Current studies/profession, hobbies, other volunteer or travel experiences
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2. Do you have any prior experience with working with animals? Please elaborate.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3. Have you worked/ volunteered with any domestic/ wildlife rescue organizations?	<input type="checkbox"/> Yes / <input type="checkbox"/> No Name of organization: Nature of engagement: Duration of engagement:
4. Are you still associated with the above organization? If no, why not?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
5. Wildlife rehabilitation requires daily outdoor work- regardless of weather conditions. Are you willing to work outside during all seasons? If not, what are your limitations?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6. Are you comfortable with sweeping, mopping, cleaning cages, dishes and laundry? If not, what are your limitations?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7. Are you comfortable handling meat/ fish/ dead rodents?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8. Are you comfortable adhering to protocols? If no, why not?	<input type="checkbox"/> Yes / <input type="checkbox"/> No



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9. Please list any pets you currently own (or have owned in the past). Where they rescued?																	
10. What type of transportation do you own?																	
11. Have you rescued any animal before? Please elaborate	<input type="checkbox"/> Yes / <input type="checkbox"/> No																
12. Please tick your areas of interest or areas where you think you will be a value add to the organization	<table border="0"><tr><td><input type="checkbox"/> Rehabilitation</td><td><input type="checkbox"/> Bookkeeping/ accounts</td></tr><tr><td><input type="checkbox"/> Rescues</td><td><input type="checkbox"/> PR/ Promotions</td></tr><tr><td><input type="checkbox"/> Special projects</td><td><input type="checkbox"/> Research</td></tr><tr><td><input type="checkbox"/> Management</td><td><input type="checkbox"/> Procurement</td></tr><tr><td><input type="checkbox"/> Social media</td><td><input type="checkbox"/> Graphic design</td></tr><tr><td><input type="checkbox"/> Videography</td><td><input type="checkbox"/> Video editing</td></tr><tr><td><input type="checkbox"/> Photography</td><td><input type="checkbox"/> Web development</td></tr><tr><td><input type="checkbox"/> Event planning</td><td><input type="checkbox"/> Others- please list below</td></tr></table> <hr/> <hr/>	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Bookkeeping/ accounts	<input type="checkbox"/> Rescues	<input type="checkbox"/> PR/ Promotions	<input type="checkbox"/> Special projects	<input type="checkbox"/> Research	<input type="checkbox"/> Management	<input type="checkbox"/> Procurement	<input type="checkbox"/> Social media	<input type="checkbox"/> Graphic design	<input type="checkbox"/> Videography	<input type="checkbox"/> Video editing	<input type="checkbox"/> Photography	<input type="checkbox"/> Web development	<input type="checkbox"/> Event planning	<input type="checkbox"/> Others- please list below
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13. When are you willing to volunteer?	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Timings: _____ No of hours per week: _____ <input type="checkbox"/> Others, please specify:																
14. Are currently volunteering elsewhere? Please elaborate	<input type="checkbox"/> Yes / <input type="checkbox"/> No Name of organization: Nature of engagement:																



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	Duration of engagement:
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Signature: _____