

Elmira's Wildlife Sanctuary Volunteer Application

Name _____

Address _____

City _____ Zip Code _____

Age (check one) _____ Under 18 _____ 18-25 _____ 26-40 _____ over 40

Phone (primary) _____ Phone (secondary) _____

Email Address _____

Emergency Contact _____ Emergency Phone _____

Days/Hours you are available _____

Do you have any fear of animals? Yes _____ No _____ Maybe _____

Previous experience with animals? _____ Where/when? _____

What do you hope to gain from volunteering?

Class I license _____ Class II license _____

Other (pls. explain) _____

Allergies? _____

Can you lift and carry 50 lbs.? _____ Are you willing to handle raw meat? _____

Fundraising experience? _____

List any additional skills (maintenance, building, office, computer, fundraising, etc) you may have here.

Signature_____

Date_____

Please email this application back to info@elmiraswildlife.org or mail it to:

Volunteer Coordinator
Elmira's Wildlife Sanctuary, Inc.
PO Box 63
Wimauma, FL 33598

Applications will be evaluated and applicants contacted as the need arises.

Thank you for your interest!!

