**BACK TO THE WILD APPLICATION FOR VOLUNTEERS**

| PART l: PERSONAL INFORMATION | | |
| --- | --- | --- |
| NAME & PREFERRED PRONOUNS: | **DATE OF BIRTH:** |  |
| STREET ADDRESS: | **CITY, STATE:** | **ZIP CODE:** |
| CELL PHONE: | **EMAIL ADDRESS:** |  |

**PART ll: GENERAL INFORMATION**

**How do you feel about euthanasia? How do you think euthanasia should be used in the animal care field?**

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**List any pertinent experience, as well as skills you think would benefit Back to the Wild and aid you in your work:**

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**Do you have any physical limitations or allergies that we should be aware of?**

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|  |

**Are you up to date on your tetanus vaccination? Yes  No **

**Have you received your 3-part pre-exposure rabies vaccination? Yes  No **

**Please list your hours of availability below:**

| **Day of the week** | **Times available** |
| --- | --- |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |
| **Saturday** |  |
| **Sunday** |  |

**PART III: PREVIOUS EXPERIENCE**

| **Company name** | **Date started and ended** | **Job position/title** |
| --- | --- | --- |
|  |  |  |

**Notes, tasks performed, reason for leaving**

| **Company name** | **Date started and ended** | **Job position/title** |
| --- | --- | --- |
|  |  |  |

**Notes, tasks performed, reason for leaving**

| **Company name** | **Date started and ended** | **Job position/title** |
| --- | --- | --- |
|  |  |  |

**Notes, tasks performed, reason for leaving**

**By signing below, you acknowledge that all of the above information is true to the best of your knowledge:**

| **SIGNATURE:** | **DATE:** |
| --- | --- |