



Greenwood Wildlife Rehabilitation Center Volunteer Application

Please fill out the following information in its entirety. Be aware that **you must be 18 years or older** to volunteer for Greenwood Wildlife Rehabilitation Center. **Greenwood is asking for a \$20 donation from all volunteers on their first training day.** This money will fund the publishing of volunteer manuals, t-shirts, and other volunteer services. Volunteers must be up to date on their tetanus shot and attend a Volunteer Orientation as a pre-requisite before volunteering with us.

Name _____ Preferred name _____
(First) (Last)

Mailing Address _____
(Street) (City) (Zip)

Home # _____ Work # _____ Cell # _____

Email (Please print clearly) _____ DOB _____
(dd/mm/yy)

Emergency Contact Person _____

Relationship to you _____ Daytime phone _____

Why are you interested in volunteering for Greenwood Wildlife Rehabilitation Center?

For what position(s) do you wish to be considered?

- Animal Care
- Education-Outreach
- Gift and Thrift Store Attendant
- Facilities
- Fundraising/Special Events
- Phones/Front Desk Assistance

Where did you hear about this volunteer opportunity? _____

Have you had any other volunteer experience? If yes, please describe:

Have you had any experience similar to the position for which you are applying? If yes, please describe:

Relevant Skills and Training (check all you would like to share with us:

- Accounting
- Carpentry/Building Repair
- Computer Hardware Maintenance
- Customer Service
- Education/Teaching
- Fundraising/Event Planning
- Gardening/Landscaping
- Marketing
- Office Support (filing, data entry)
- Photo/Video Production
- Writing/Editing

Highest Level of Education Achieved. Please Circle:

High School 1	2	3	4		
College	1	2	3	4	Degree _____
Graduate	1	2	3	4	Degree _____
Other	_____				

Employment Information: Check all that apply: Employed___ Retired___ Not Employed___ Student___

Current/Former (*circle one*)

Employer _____ Position _____

Address _____ Phone _____

Please provide two references to whom you are not related:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Animal Care:

Circle or highlight the shifts that are best for your regularly scheduled volunteer time. Please be aware that some shifts have a greater need for volunteers, and placement may be where the greatest need is.

Please note that the early and late shifts are for our busy summer hours. During the winter we are only need volunteers from 9am-5pm.

Sunday	7am-12pm	9am-1pm	12pm-5pm	1pm-6pm	5pm-10pm	10pm-1am
Monday	7am-12pm	9am-1pm	12pm-5pm	1pm-6pm	5pm-10pm	10pm-1am
Tuesday	7am-12pm	9am-1pm	12pm-5pm	1pm-6pm	5pm-10pm	10pm-1am
Wednesday	7am-12pm	9am-1pm	12pm-5pm	1pm-6pm	5pm-10pm	10pm-1am
Thursday	7am-12pm	9am-1pm	12pm-5pm	1pm-6pm	5pm-10pm	10pm-1am
Friday	7am-12pm	9am-1pm	12pm-5pm	1pm-6pm	5pm-10pm	10pm-1am
Saturday	7am-12pm	9am-1pm	12pm-5pm	1pm-6pm	5pm-10pm	10pm-1am

To be completed by all applicants:

As a volunteer for Greenwood Wildlife Rehabilitation Center...

1. I will uphold the standards and policies of Greenwood and the Volunteer Program. I understand that my failure to do so may result in my dismissal from the Volunteer Program.
2. I will conduct myself with dignity, courtesy and consideration and will endeavor to make my work of the highest quality.
3. I will be punctual and conscientious in the fulfillment of my duties. If for any reason I am unable to serve at the assigned time, I will notify my coordinator and try to exchange shifts with another volunteer.
4. I will follow proper procedure with any problems, criticisms and/or suggestions that I may have as stated in the Volunteer Manual.
5. I am aware that if I am accepted for a position that works with wildlife, there are certain risks inherent in working with wildlife, including scratches, bites, and zoonotic diseases.

Print Name _____

Signature _____ Date _____

When the application is complete, please return it to Greenwood either via fax (303-823-5051), email (volunteers@greenwoodwildlife.org), or mail to:

Greenwood Wildlife Rehabilitation Center
PO Box 18987
Boulder, CO 80308
Attn: Paula Lewis, Volunteer/Outreach Coordinator