

**Wild Wings Volunteer Application**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Have you ever been convicted of a felony? (If yes, explain) \_\_\_\_\_

Circle which areas you are interested in volunteering in:

Wild Wings Bird of Prey Facility

Wild Wings Nature Center

If other, explain \_\_\_\_\_

Animal Related Experience & Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What additional skills or experience do you have that could benefit Wild Wings? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Available Hours and Days \_\_\_\_\_

How long do you plan on volunteering with us? \_\_\_\_\_

What is your goal in volunteering at Wild Wings? \_\_\_\_\_

\_\_\_\_\_

Have you had a rabies or tetanus booster within the last ten years? \_\_\_\_\_

Do you have a NYS Driver's License? \_\_\_\_\_

Please provide one character reference (with phone #) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Please return completed volunteer application to [info@wildwingsinc.org](mailto:info@wildwingsinc.org) or bring it into Wild Wings bird of prey facility the next time you visit.