



# Western Kentucky Raptor Center Volunteer Application

## Contact Information

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City ST ZIP Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Date of Birth\* \_\_\_\_\_

## Availability

During which hours are you available for volunteer assignments?

\_\_\_\_\_ Weekday Mornings    \_\_\_\_\_ Weekday Afternoons    \_\_\_\_\_ Weekday Evenings  
\_\_\_\_\_ Weekend Mornings    \_\_\_\_\_ Weekend Afternoons    \_\_\_\_\_ Weekend Evenings

## Interests

Tell us in which areas you are interested in volunteering

_____ Administration	_____ Events
_____ Field work	_____ Fundraising
_____ Deliveries	_____ Phone bank
_____ Newsletter production	_____ Volunteer coordination
_____ Feeding	_____ Education

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

\* If the volunteer is under 18, a parent or guardian must give consent for the volunteer to participate in any activities

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Person to Notify in Case of Emergency

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City ST ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Parent or Guardian Agreement and Signature

I understand that WKRC assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her participation in these activities. In case of accident or illness, the WKRC is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately. I understand the related expenses for the medical attention will be my responsibility. In consideration of the privilege of participating with the WKRC, I hereby voluntarily release and discharge Western Kentucky Raptor Center, its agents, contract services, servants, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_