



Volunteer Application – Animal Care Department

Name: _____

Address: _____ State: _____ Zip: _____

Phone Number w/area code: _____

Email: _____ DOB (must be 18 YO or older): _____

Emergency Contact: _____ Relationship: _____

Phone Number for emergency contact w/area code: _____

Experience in animal care? Y N

If yes, please describe your experience in the space provided: _____

Experience in operant conditioning? Y N

If yes, please describe your experience in the space provided: _____

How long are you looking to volunteer?

*Please mark the option best suited for your availability.

 Multiple days per week

 Full-time, 32-40 hrs/week

 <6 months

 1 day per week

 Part-time, less than 32 hrs/week

 >6 months

Availability: please mark the time frames you would be available to volunteer on the chart below.

Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM (0800-1200)							
PM (1300 – 1700)							

Please list any skillset, qualifications, or certifications that have been acquired through employment, previous volunteer experience, education and/or other involvement:

Please provide the name, contact number, and email of three professional references:

Name	Number	Email

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, or disability. **Please send this application to:** volunteer@alaskawildlife.org with a subject heading "Volunteer Application_Animal Care."