



PRIDEROCK WILDLIFE REFUGE VOLUNTEER
APPLICATION

We are always seeking good volunteers! If you would like to become a volunteer, please fill out this form and return it to the following address:

PrideRock Wildlife Refuge
P.O. Box 1594
Terrell, Texas 75160

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Fax #: _____

Home E-mail #: _____ Other E-mail _____

Date of Birth: _____ Driver's License #: _____

Married? Yes No

Employment: Circle one

Employed Not Employed Retired Student

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position/ Job Title: _____

Duties: _____

Would you submit to a drug test? Yes No Initials: _____

List three references. If you have previously been a volunteer, please include one reference from that organization(s).

Name	Address	Phone #
1. _____		
2. _____		
3. _____		

List any special skills, education, training:

Hobbies and Interests:

Volunteer Interests (circle all that apply):

Animal Care	PR/Marketing	Special Projects
Maintenance	Fund Raising	Other: _____

Why do you want to become a volunteer at PrideRock Wildlife Refuge?

Have you ever volunteered before? Yes No

Where/what were your duties?

If yes, are you still a volunteer? If no, why not?

Days/hours available: _____

When is the best time to contact you? _____

Do you have experience with animals? Explain

Auto Insurance Carrier: _____

Circle all that apply: Collision Liability Medical

Have you ever been convicted and/or placed on probation
for any criminal offenses? Yes No

If yes, please provide dates and detailed information:

TO ENSURE THE SAFETY OF OUR VOLUNTEERS AND OUR FELINES, IT IS NECESSARY TO HAVE THE FOLLOWING INFORMATION FROM YOU:

Are you immune-compromised? (Chemotherapy patient, or any disease affecting your immune system): Yes No

Do you have any allergies? Specify

Do you have any chronic viral infections such as cold sores or infections such as cold sores or hepatitis? Yes No

Do you have, or have you had any chronic respiratory problems? Yes No

Do you or any members of your immediate family have a history of chronic medical problems? Yes No

If yes, will this affect the job you will do? Yes No

MEDICAL REFERENCE:

My Doctor is: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Do you have cats in your home as pets? Yes No

Do you have an aversion to certain animals? Yes No

If yes, specify: _____

I agree to abide by all volunteer policies. I pledge to be a positive representative of PrideRock Wildlife Refuge.

Signature: _____

Emergency Contact:

Name: _____

Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work#: _____ Fax #: _____

Date: _____