



“Conservation through Education and Wildlife Care”

Dear Wildlife Friend:

Thanks for your interest in becoming a volunteer with Project Wildlife.

Before attending our orientation, we will ask you to start and finish the application process. Here are the three steps:

1. Return the completed application to: Project Wildlife, PO Box 80696, San Diego, CA 92138  
FAX # 858/866-0558  
Email: [Tpreston@projectwildlife.org](mailto:Tpreston@projectwildlife.org)
2. Sign the Release of Information form

Once you have completed the above steps you will be invited to attend our orientation. This meeting will explain to you who we are, what we do and what you can do to help.

Our objective is to increase your understanding of the commitment level of our volunteer program. Since Project Wildlife relies on its volunteers to carry out its mission, we need team players and dedicated individuals. We are also interested in providing you with an enjoyable and educational volunteer experience.

Project Wildlife is a nonprofit, volunteer organization dedicated to the rescue, rehabilitation and release of native wildlife. We exist solely on membership donations and fundraising efforts. We have been giving a second chance to San Diego's native wildlife since 1976.

There are a multitude of ways that you can volunteer your time to help the animals and birds. I am certain you will find your experience rewarding. Thank you again for joining our efforts to give the wildlife a second chance.

Sincerely,

Terri Preston  
Director of Volunteers

**Project Wildlife Volunteer Application**

**Name:**

First \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_

**Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

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

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Occupation \_\_\_\_\_ How long with present employer? \_\_\_\_\_

Can you receive calls at work? Y N When/where is the best place/time to contact you?  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

**Questionnaire**

How did you hear about Project Wildlife? \_\_\_\_\_

Why do you want to volunteer for Project Wildlife (other than your love for animals)?  
\_\_\_\_\_  
\_\_\_\_\_

When are you available to volunteer?

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							

Have you done any pervious volunteer work? Y N If so what was the nature of your volunteer work? \_\_\_\_\_  
\_\_\_\_\_

3 strengths you bring to PW? (i.e. experience & skills) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any previous animal care experience? Y N Briefly describe

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Do you have experience working with the public? \_\_\_\_\_

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One function of Project Wildlife is to euthanize (put to sleep) animals that can't be rehabilitated and/or released back into their natural habitat. What are your thoughts about euthanasia? \_\_\_\_\_

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Are there any medical, physical or other limitations on the type of volunteer work you can perform? \_\_\_\_\_

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Whom should we contact in case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

**References: A supervisor/business associate/teacher or friend (Select people that will respond) Provide name, email address and the length of relationship. (Print clearly)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Other skills or interest you would like to share: \_\_\_\_\_

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**Specify your 3 top team requests:**

Transport & Rescue

PW Care Facility

Telephone

Home Animal Care

Home Bird Care

Education

Cage Building

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**Project Wildlife  
Volunteer Release of Information**

Professional ethics and Project Wildlife regulations prohibit the exchange of information concerning an individual without the written permission of the individual involved. In the case of minors, the parent or legal guardian must grant permission.

I, \_\_\_\_\_, have applied to be a volunteer for Project Wildlife. I have been advised and am fully aware the verification of information is required to document my volunteer eligibility for participation in the program. I hereby authorize the release of information to Project Wildlife.

Project Wildlife will only solicit information necessary and relevant to the program operation and will treat such information as confidential. Information will not be released to any person, organization or agency.

I attest to the fact that all information previously presented is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date