



VOLUNTEER APPLICATION

(All information is completely confidential)

First & Last Name _____ *DOB _____ (*optional, but must be over 18)

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email Address _____ Driver's License # _____

Emergency contact (Name) _____ (Phone) _____ (Relationship?) _____

Employer (Name) _____ (Phone) _____

Occupation _____

Personal Reference (Name) _____ (Phone) _____

Describe any special education in the avian field? _____

Describe any seminars, conferences, symposiums, etc. you have attended on current avian issues? Which ones?

Do you currently have pet birds? (Yes) _____ (No) _____ (How Many) _____

Please describe _____

Do you have other bird experience? (Yes) _____ (No) _____

Please list types of birds _____



What kind of bird experience? _____

Previous volunteer or community service? _____

Describe other activities involving teamwork, i.e. team sports, scouts, clubs, etc., and any leadership positions held

What days/hours are you available for volunteering?

(Days) _____ **(Hours)** _____

Do you have any physical limitations/allergies we should know about? _____

Do you have any special skills or interests that may be utilized in your work as a Lily Sanctuary volunteer?

(Examples: grant writing, fundraising, event planning, public outreach, administrative)

Why do you want to volunteer at The Lily Sanctuary? _____

How did you hear about us? _____

Additional comments or questions _____

Please return application to: The Lily Sanctuary, P.O. Box 9294 Fountain Valley, CA 92728-9294
Email to: vhill@lilysanctuary.org Fax to: 714-531-3189 Questions: 714-442-9474

This form available online at www.lilysanctuary.org