

Center for Animal Research & Education, Inc.

VOLUNTEER APPLICATION

CONTACT INFORMATION

Name:	
Address:	
City, State, Zip:	
Home Phone:	
Work Phone:	
Cell Phone:	
E-mail Address:	
Date of Birth:	

AVAILABILITY

When would you be available to volunteer?

Weekday Morning Weekend Morning Weekday Afternoons Weekend Afternoons
 Weekday Evenings Weekend Evenings Other _____

INTERESTS

Please check the areas that you may be interested in helping

Administration Events Facility Maintenance Fundraising Deliveries/Pick-ups
 Phone Bank Newsletter Production Volunteer coordination Research Animal Care

Why do you want to volunteer at CARE?

How did you hear about this volunteer opportunity?

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.

PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

HEALTH RESTRICTIONS

Do you have any physical restrictions that might hinder your participation in some activities (such as heart disease, back injury, epilepsy, allergies, etc.)?

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name:	
Street Address:	
City, State, Zip:	
Home Phone:	
Cell/Work Phone:	

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:	
Signature:	
Date:	

Please fill out this application and mail it to CARE Attention: Volunteer Coordinator 245 CR 3422, Bridgeport, Texas 76426, fax to 940-683-5062 or e-mail it to heidi@bigcatcare.org. The Volunteer Coordinator will call you and speak with you about Orientation times and dates once your completed application is received. Thank you for your interest in CARE and we look forward to working with you.