SORCO Raptor Rehab Centre
Volunteer Application

Contact Information

First Name_____ Last Name _____

Address_____ City _____

Postal Code _____ Phone_____ Cell _____

Email_____

Emergency Contact Information

First Name _____ Last Name _____ Relationship _____

Phone_____ Work Phone _____ Cell Phone _____

Medical Information

To ensure your safety and comfort, do you have any special needs or health concerns (INCLUDING ALLERGIES) of which we should be aware?_____

If applicable, what is the medical treatment required to treat your allergies? _____

_____

Volunteer information

Particular areas where you would like to volunteer – Please circle

Bird/Rat Care Courier for Bird transport (must have a reliable vehicle) Office Work

Education Events Maintenance

Related experience _____

_____

Please list the days and times you are available to Volunteer_____

_____

Please state why you are interested in volunteering with SORCO _____

_____

Have you, or are you currently, volunteering with other organizations? ___ Yes ___ No

If **Yes** please list _____

_____

Please provide one reference. **NOT FAMILY MEMBER.** Name _____

Phone Number_____ Email _____

By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate.

I authorize SORCO to obtain a reference from the individual listed above.

Signature_____ Date_____