

Wildlife Learning Center

Volunteer Program Description

Wildlife Learning Center is a wildlife education company founded more than 15 years ago to teach wildlife biology from kindergarten to college level. The utilization of over 50 species of animals presented by a team of biologists and animal trainers provides numerous examples for demonstrating a wide variety of biological concepts.

At this time, we are searching for dedicated, caring, animal-experienced volunteers to join us for fun, stimulating, enriching work at our center.

MUST be age 16 or over and be available for at least one CONSISTENT day a week for a minimum of 6 months.

Please be aware that there is minimal hands-on interaction with the animals. This is for your safety and theirs. Our volunteers work their way up to activities like cleaning the rabbit hutches, and cleaning and feeding the hedgehogs, chinchillas etc. Typical animal care activities include cleaning crates and dishes, raking the tortoise enclosure, and watering plants.

To become a part of our amazing team of animal and nature enthusiasts, a volunteer application MUST be completed and returned; after we review the application we will send a confirmation email inviting you to an interview.

All applicants who receive an email confirmation will be eligible to sign up for one of our interviews, which will be held at 9:00 AM on the second Sunday of every month.

Please E-mail Completed Volunteer Applications To volunteers@wildlifelearningcenter.com
FAX to (818) 362-8001.

Questions? Please feel free to contact us: (818) 362-8711

		Applicant Inform	ation					
Full Name:							Date:	
Address:	Last	First	First		M.I.			
, ladi occ.	Street Address				Apartment/Unit	#		
	City				State			ZIP Code
Phone: ()	E-ma	ail Addres	ss:				
Date Availab	ole to Start:							
End Date								
		Education						
High School:	:							
From:	То:	Did you graduate?	YES	NO				
College:								
From:	То:	Did you graduate?	YES	NO	Degree:			
Other:			YES	NO				
From:	To:	Did you graduate?		NO	Degree:			
		References						
	wo professional referen	ces.						
1) Full Name:		I	Relations	ship:				
Company:					Phone:	()	
Address:								
2) Full Name			Relations	ship				
Company		!	Phone			()	
Address								
		Previous Employ	ment					
Company:					Phone:	()	
Address:		Job			Supervisor:			
Job Title:		Description						
Responsibilit	ties:							
From:	To:				for Leaving:			
May we cont	tact your previous superv	risor for a reference?	YES	NO				
Company					Phone	()	

Address				Supervisor	
Job Title	Job Description				
Responsibilities					
From	То				
May we contact your previous	ious supervisor for a reference?	YES	No		
	Emergency C	ontact			
Name Relationship		Phone:	()	
	Ir	nterest			
Please explain why you are	interested in volunteering at our cer	nter:			
Please List Skills	Skills an	d Certific	ates		
Please List Certificates					
r lease List Certificates					
		-11-1-11-1			
Please Describe Your Avail	ability: (Shifts are every day of the w	ailability eek, 9am-1	2 or 2	pm-5pm) Weekend shifts are limited.	

	Back	ground					
Can you lift 50 pounds?	YES	NO					
Do you have reliable transportation?	YES	NO					
Any physical limitations?	YES	NO	If yes explain:				
Do you have any fear of animals?	YES	NO □	If yes explain:				
Do you have any allergies?	YES	NO	If yes explain:				
Emerge	ncy Contact	Sheet & In	surance				
Emergency Contacts							
	Name: Relationship:						
City/State:	City/State: Phone Number(s): Medical Information 1. Do you have medical insurance? If yes, is it a PPO / HMO / Other () Please indicate plan name and policy number: Plan Name: Policy Number: 2. Are you up to date on Tetanus and TB shots? 3. Are there any allergies or medical conditions we should be aware of? If yes, please explain: 4. Primary Care Physician Name: City/State: Medical Group Name: Office Phone Number:						
3. Are there any allergiesIf yes, please explain:4. Primary Care PhysicianCity/State:							
a contract of volunteer plants of program may voluntarily les wildlife Learning Center a written statements to the relied upon by any prospect to the best of the	acement, and that eave at any time, out any time and for contrary are here tive or existing votest of my knowledgmation in my volun	any individual who and may be also be r any reason. I und eby expressly disal blunteer. The inform ge, and I understan teer application or	e asked to leave by lerstand that any oral or lowed and should not be mation in this application is				
Applicant's Signature: _							
Date:	_						
Parent or Guardian Signat	ure (If Under 18 y	ears):					
Date:							