



Kentucky Wildlife Center Volunteer Application

Please complete the following information in its entirety. Be aware that you must be 18 years or older to actively handle wildlife in our care. Volunteers must have their rabies vaccine series to care for high risk animals. All volunteers must be up to date on their tetanus shot and attend Volunteer Training as a pre-requisite to volunteering with KWC.

Name _____ Email _____

Mailing Address _____

Preferred Phone Number _____ DOB _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____ Are you over 18 years of age? Yes No

Area of interest: Animal Care Phones/Front Desk/Clerical Education
 Fundraising Maintenance Transportation Food Prep Gardening
 Newsletter Lab Cleanliness/Disinfection

Do you have an allergy to: Latex Cleaning supplies (if so, which) _____
 Medications (if so, which) _____ Pet
 Foods (if so, which) _____ Other _____

How did you hear about the KWC Volunteer Team? Facebook Twitter Friend Family
 Current KWC volunteer Other _____

Have you had the Rabies series vaccination? Yes No (if yes please provide copy of immunization)

What experience do you have working with animals? _____

Why are you interested in joining the KWC Volunteer Team? _____

As a volunteer I will uphold the standards and policies of the Kentucky Wildlife Center and Volunteer program. I understand that my failure to do so may result in my dismissal. I will conduct myself with dignity, courtesy, and consideration for other and will endeavor to make my work of the highest quality. I will be punctual and conscientious in the fulfillment of my duties. If for any reason I am unable to serve my assigned time I will notify my coordinator as soon as possible and try to exchange shifts with another volunteer. I will contact my Team Leader with any conflict, questions, or suggestions and, if not resolved, will contact the KWC Director with my concerns. I am aware that this position involves working with wildlife and contains certain risks including scratches, bites, and illnesses/diseases transferable to humans. By signing this form I indicate my desire to become a member of the KWC Volunteer Team.

Printed Name _____ Signature _____ Date _____