



Wildlife Care Association & Education Center, Inc.  
5211 Patrol Road, McClellan, CA 95652  
916.965.WILD (9453)  
[www.wildlifecareassociation.com](http://www.wildlifecareassociation.com)  
Tax ID #94-2528504

Office Use Only:
Contact Date: _____
Contacted By: _____
Notes: _____

## Volunteer Application

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Must be 18 years old to handle animals)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact (mark all that apply): Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Federal and state regulations mandate that animal handlers must be at least 18 years of age. If under 18, there are other opportunities to assist WCA, such as, awareness and fundraising events, facility organization, facility cleanliness, social media post assistance, marketing and advertising assistance. If you are under 18 years old, are you willing to assist with one or more of these areas? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please tell us about you:

1. How did you find out about WCA? \_\_\_\_\_

2. Why are you interested in volunteering for WCA? \_\_\_\_\_

3. What specific skills can you offer WCA? \_\_\_\_\_

4. Check areas of volunteer interest:

Nursery Volunteer		Home Rehabber	
Facilities Maintenance Volunteer		Outreach and Education Volunteer	
Intake Specialist		Transportation Volunteer	
Hotline Specialist		Other:	

5. Please indicate below your weekly availability:

	Morning (8a-1p)	Afternoon (12-5p)	Evening (4-9p)	On-Call/Substitute	Other
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

a. My availability is: Ongoing \_\_\_\_\_ Ongoing except between these dates (DD/MM) \_\_\_\_\_ to \_\_\_\_\_  
Only between these dates (DD/MM) \_\_\_\_\_ to \_\_\_\_\_

b. I would like to serve \_\_\_\_\_ hours \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ One time

6. Do you have any animal-related allergies such as birds, dander, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state: \_\_\_\_\_

7. Do you have any medical conditions or other situations that may affect your ability to volunteer or that we should know about? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state: \_\_\_\_\_

8. All animals under the care of WCA are intended to be released back into the wild upon successful and complete treatment at the facility. These animals must not be treated as pets or be subject to any treatment that may reduce their natural wariness for humans, potentially disqualifying them from being released back into the wild. In addition, some animals arrive at WCA very sick or seriously injured and may not survive. As a WCA volunteer, will you be able to professionally and maturely handle these difficult situations and follow WCA protocols to ensure the health and safety of animals in our care? \_\_\_\_\_ Yes \_\_\_\_\_ No

By signing below, you agree to abide by these conditions and regulations of WCA.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian