

# IEAS VOLUNTEER APPLICATION

**IF YOU WOULD LIKE TO BECOME A VOLUNTEER, PLEASE FILL OUT THE FOLLOWING FORM, AND EMAIL TO : [volunteercoordinator@bigcat.org](mailto:volunteercoordinator@bigcat.org)**

Interviewed on: \_\_\_\_\_ (Staff Use)

By: \_\_\_\_\_ (Staff Use)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Married? Yes                      No

Employment:

Not Employed                      Employed                      Retired                      Student

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Position \_\_\_\_\_ Duties \_\_\_\_\_

Would you submit to a drug test?    Yes                      No                      Initials \_\_\_\_\_

List three references. If you have previously been a volunteer, please include one reference from that organization(s).

Name                                      Address                                      Phone #

1.

2.

3.

Special Skills, Education ,Training \_\_\_\_\_

Hobbies, Interests \_\_\_\_\_

Volunteer Interest:

|                  |                       |              |
|------------------|-----------------------|--------------|
| Research         | Animal Care Education | Gift Shop    |
| Special Projects | Computer Systems      | Maintenance  |
| Accounting       | PR / Marketing        | Docent       |
| Tours            | Donations             | Other: _____ |

Why do you want to become a volunteer at IEAS? \_\_\_\_\_

Have you ever volunteered before?      Yes      No

Where / What were your duties? \_\_\_\_\_

If yes, are you still a volunteer? If no, why not? \_\_\_\_\_

Days / hours available? \_\_\_\_\_

When is the best time to contact you? \_\_\_\_\_

How did you learn about the volunteering opportunities at IEAS?

|                      |                      |                   |
|----------------------|----------------------|-------------------|
| Personal Interest    | Newspaper            | Another Volunteer |
| Special Presentation | Volunteer Connection |                   |
| Other:               | _____                |                   |

Do you have experience with animals? (Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_

Circle all that apply:            Collision            Liability

Have you ever been convicted and/or placed on probation for any criminal offenses?    Yes            No

If yes, provide dates and detailed information \_\_\_\_\_  
\_\_\_\_\_

**To ensure the safety of our volunteers and our felines, it is necessary to have the following information from you:**

Are you immune-compromised? (Chemotherapy patient, or any disease affecting your immune system)            Yes            No

Do you have any allergies? (Specify) \_\_\_\_\_  
\_\_\_\_\_

Do you have any chronic viral infections such as cold sores or hepatitis?            Yes            No

Do you have, or have you had chronic respiratory problems?  
Yes            No

Do you or any members of your immediate family have a history of chronic medical problems?            Yes            No

If yes, will this affect the job you will do?    Yes            No

**Medical Reference:**

My Doctor is \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Do you have cats in your home as pets?      Yes      No

Do you have an aversion to certain animals?      Yes      No

If yes, specify \_\_\_\_\_  
\_\_\_\_\_

**I agree to make a minimum commitment of one year to my volunteer responsibilities, and to abide by all volunteer policies. I pledge to be a positive representative of IEAS.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

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

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

Fax, Mail or Email to:  
International Exotic Animal Sanctuary  
Attn: Volunteer Program  
P.O. Box 637  
Boyd, TX 76023  
Fax: (940) 433-5092

(Preferred method) Email:  
volunteercoordinator@bigcat.org