

IEAS VOLUNTEER APPLICATION

IF YOU WOULD LIKE TO BECOME A VOLUNTEER, PLEASE PRINT OUT THE FOLLOWING FORM, FILL IT OUT AND MAIL or FAX RETURN IT TO THE ADDRESS AT THE BOTTOM OF THE PAGE:

Interviewed on: _____

By: _____

Name _____

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Fax # _____

Email address _____

Date of Birth _____ Driver's License # _____

Married? Yes No

Employment (Circle One)

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 (circle all that apply):

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 IEFS?

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 # _____

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