

**Wonders of Wildlife**  
**Volunteer Application Form**  
(Please print legibly.)

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

**Volunteer Positions** - Please check the area (s) you would be interested in:

\_\_\_ Animal Care Volunteer (shifts varies 7 days a week)

\_\_\_ Animal Care Intern (shifts varies 7 days a week)

\_\_\_ Education Intern (shifts varies 7 days a week)

\_\_\_ Office Assistant (Available between office hours, Mon – Fri., 8 am to 5 pm)

\_\_\_ Education Volunteer (Available during school hours, may include evenings and weekends)

What is your availability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Skills/Training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs:

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Other Important Information:

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**General Information:**

Are you fluent in any foreign language or sign language \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which language? \_\_\_\_\_

Employment Status:

\_\_\_\_ Full time                      Name of Employer \_\_\_\_\_

\_\_\_\_ Part time                      Name of Employer \_\_\_\_\_

\_\_\_\_ Unemployed

\_\_\_\_ Retired

\_\_\_\_ Student                      School \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony other than a traffic offense?

\_\_\_\_\_ Yes, (If yes, explain below)                      \_\_\_\_\_ No

Are you being investigated or have you been found guilty of violating wildlife regulations enacted by any of the various states or any agency of the U.S. Government or those of any foreign nation?

\_\_\_\_\_ Yes, (If yes, explain below)                      \_\_\_\_\_ No

References: Please list three personal and/or professional references that we may contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Volunteers must be at least 16 years of age; do you meet that requirement? \_\_\_\_\_

*I understand I must successfully complete an interview and volunteer training prior to being accepted into the Wonders of Wildlife Volunteer Program.*

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

**Wonders of Wildlife**  
**500 W. Sunshine Street, Springfield, MO 65807**