

WHITE WOLF SANCTUARY
P.O. Box 65
Tidewater, OR 97394

APPLICATION FOR VOLUNTEER WORK

Name: _____ Social Security Number: _____

Address: _____
Street City State Zip Code

Telephone Number: _____

Previous Address: _____

How Long? _____ Email Address: _____

Drivers License: YES NO If Yes State & Number: _____

Have you ever been convicted of a crime? YES NO If yes please explain: _____

Education Background: _____

Employment Background: _____

Volunteer Activities: _____

Hobbies: _____

Special Skills: _____

References (list three persons not related to you, whom you have known at least three years):

Name	Address	Phone	Years Known
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Name	Address	Phone	Years Known
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Name	Address	Phone	Years Known
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Why do you want to volunteer at White Wolf Sanctuary? _____

Previous experience working with wild animals: _____

Time you would be available to volunteer (days, hours per week, etc): _____

Do you have your own vehicle? YES NO

In Case of Emergency Notify: _____

Name

Address

Phone

Date: _____ **Signed:** _____