

Wild Felid Advocacy Center of Washington - VOLUNTEER APPLICATION
All Volunteers MUST be 18 years or older

APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How did you hear about WFAC? _____

VOLUNTEER INTERESTS

On-site:

- Fencing/Building Enclosures
- Landscaping (raking, planting, etc.)
- Carpentry (perches, play structures, dens)
- Equipment Maintenance
- Grounds (painting, sweeping, etc.)
- Enrichment
- Tours
- Other _____

Off-site:

- Design (brochure, website, etc.)
- Fundraising
- Events/Planning
- Educational/Events Booth
- Educational Lectures
- Product development/construction

GENERAL HEALTH

Do you have any allergies? If so, what?

Do you have any medical condition we should be aware of? If so, what?

AVAILABILITY

What days are you able to volunteer?

- Saturday Sunday
- During the day on: (please circle) Mon Tues Wed Thurs Fri
- During the evening on: (please circle) Mon Tues Wed Thurs Fri

APPLICANT SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date application received: _____

Comments: _____

Please mail completed form to: Wild Felid Advocacy Center of Washington, 3111 E. Harstine Island Rd. N., Shelton, WA 98584 or email this information to: mail@wildfelids.org