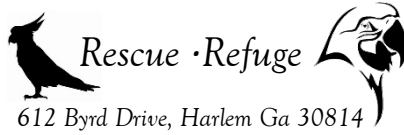


Feathered Friends Forever



Volunteer Information Sheet

Date: _____

Name: _____

Phone Number: _____

Date of Birth: _____ Age: _____

Address: _____

Legal Form of ID: _____

Example: GA license #123456

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Experience/skills/reason for volunteering:

APPROVED BY (STAFF USE): _____