

# DUNROVIN



EXOTIC ANIMAL SANCTUARY

## Volunteer Application

\_\_\_\_\_

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

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Availability: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Name Phone Relation*

Have you ever worked at an animal facility? YES NO

If yes, where? \_\_\_\_\_

What was your job title? \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Do you have a reliable way of getting here? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain: \_\_\_\_\_

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What are your strengths/weaknesses?

What are your favorite/least favorite animals?

What should we know about you?

Which of the following opportunities are you interested in helping out with?

- Fundraisers (weekends): Selling goods and collecting donations off-site
- Animal Feeding (weekends): Selling feed and collecting donations, helping customers safely interact with animals
- Animal Cleanup (weekdays): Raking in and around animal enclosures and cleaning animal supplies; you may or may not be in direct contact with animals
- Enclosure Building/Maintenance (weekdays): Helping create new habitats for the animals, including putting together enclosures or adding items to existing enclosures
- General Upkeep (weekdays): Plant care, cleaning up around the park, little to no animal contact

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*I certify that my answers are true and complete to the best of my knowledge. If I am accepted into the volunteer program, I understand that false or misleading information on this application may result in my dismissal from the program. I agree to comply with all instructions, rules, regulations, and protocols set by the supervising staff member. I understand that the environment in which I will be volunteering is unpredictable by nature, and I will not hold Dunrovin Exotic Animal Sanctuary or its staff members liable for any injury, disease, or death that may occur. I certify that if I am under 18 years of age, my parent or legal guardian has read this form and agrees to the above information.*

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

