Big Country Wildlife Rehabilitation Center
9181 US HWY 277 South
Abilene, Tx 79606
(325) 280-1328

ADULT VOLUNTEER APPLICATION

Please complete this application if you agree to abide by the Wildlife Center's volunteer policies, and attach your signed Waiver. Send or bring to BCWRC..
Thanks for your interest!

Full name of volunteer applicant – (Print)_____

Address and Zip Code:
_____

Telephone Contact Home:_____ Cell:_____

Place of Employment:_____

Work phone: _____

Print E-Mail:_____

Date of
Birth(Optional)_____

Do you have any medical problems such as allergies, diabetes, asthma, seizures, etc. you need us to be aware of? If so, please explain. (Allergy to bee stings, aspirin, etc.) Use other side if necessary.

_____

Do you take any medications we should be aware of, as for asthma, etc.? If so, please list:

_____

Emergency contact information: (friend; relative; neighbor; co-worker) Include, name, address, and PHONE NUMBER below:

_____

_____

Relationship?_____

Second Emergency Contact (Name and phone number):

_____

Do you have a preference for a hospital in the unlikely event you should become ill or need medical attention and we are unable to reach someone?

_____

Do we have your permission to call for an ambulance if we are unable to reach an emergency contact?
_____

Have you ever been convicted of a felony or a crime, and if so, what?_____

Driver's License State and Number: _____

Please write a few lines about yourself below, including what you hope to gain by becoming an BCWRC volunteer:

Family physician and telephone number_____

Your signature and date:

_____