

Big Country Wildlife Rehabilitation Center  
1041 County Rd 257  
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:

---