



Ottawa Valley Wild Bird Care Centre
Volunteer Application Form



Name: _____ Birth Date: _____

Address: _____ Phone (H): _____

_____ Phone (C): _____

_____ School: _____

E-mail: _____ Grade: _____

Allergies: _____

Medical concerns: _____

Languages spoken: _____ written: _____

How did you hear about us? _____

Please tell us about yourself and what area of the Centre you'd like to be involved in. For example, bird care, greeting, building maintenance, outreach. Please tell us about any special interests/skills that you have.

Please check the days and times you are available to volunteer.

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8:30am-12:30							
1-5pm							
Greeter(noon-4)							

Are you completing volunteer hours for a specific program? Yes No

If yes, specify the program: _____ # hours req: _____

Please list 2 references (work, school or personal):

1.	_____	_____	_____
	Name	Relationship	Phone
2.	_____	_____	_____
	Name	Relationship	Phone

Emergency Contact:

_____	_____	_____
Name	Relationship	Phone

I verify that the above information is correct to the best of my knowledge.

Applicant signature: _____ Date: _____

Parent/Guardian signature* _____ Date: _____

*If applicant is under 18

FOR OFFICE USE ONLY

Date received: _____ Assigned day: _____

Orientation Date: _____ Time: _____

Start Date: _____ Time: _____

Tetanus shot current: Yes No

Signed waiver received: Yes No

Approved by: _____ Date: _____