

VOLUNTEER APPLICATION

For applicants 18 years and older.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____

Days and times available to volunteer at CAMP BIRD SANCTUARY: _____

Areas Of Interest:

Daily Bird Care _____ Clerical _____

Rehabilitation _____ Education _____

Fundraising _____ Computer _____

Other _____

Work Experience (Most recent first):

Employer _____

Address _____

Position

Dates

Employer _____

Address _____

Position

Dates

Additional experience, special skills, training or information: _____

Why would you like to volunteer at CAMP BIRD? _____

Professional references (no friends or relatives please):

Name	Phone Number	Occupation	Relation
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1) _____

2) _____

3) _____

I have read and understand the requirements of becoming a CAMP BIRD SANCTUARY volunteer and am prepared to make this commitment.

Signature _____

Date _____

Please submit to:

CAMP BIRD SANCTUARY
2140 George * Billings, MT 59102 * 406-652-4488