



APPLICATION FOR WORKING WITH RAPTORS

PERSONAL INFORMATION:

Name: _____

Residence Address: _____

Phone: _____

E-mail: _____

Mailing Address, if different: _____

Number of Years in Santa Fe:

Level of Education:

Current driver's license?

If yes, state issued:

Can you use your car for volunteer activities?

Any moving violations in the past 5 years?

Any accidents or DWIs in the past 5 years?

ON BEING A VOLUNTEER: [if you need more space, please use back of sheet]

1. WHY DO YOU WANT TO BE A VOLUNTEER WITH SANTA FE RAPTOR CENTER?

2. HOW LONG OF A COMMITMENT CAN YOU MAKE TO THE PROGRAM?

3. WHAT EXPERIENCE DO YOU HAVE THAT YOU FEEL HAS PREPARED YOU TO BE A VOLUNTEER WITH SANTA FE RAPTOR CENTER?

4. WHAT RELEVANT SPECIAL COURSES OR TRAINING HAVE YOU TAKEN, IF ANY? HAVE YOU ATTENDED THE ANNUAL APRIL VOLUNTEER TRAINING SESSIONS?

5. WHAT SPECIAL TALENTS/HOBBIES/INTERESTS DO YOU HAVE THAT YOU WOULD WANT TO SHARE WITH THE PROGRAM?

WORK PREFERENCES

I AM INTERESTED IN (please check all that apply):

- _____ Caring for injured or orphaned birds
- _____ Transporting birds to rehabilitators
- _____ Telephone, email and social media monitoring
- _____ Facility Maintenance
- _____ Educational Events
- _____ Bird Handler (additional training required: classes, handling time and special education)
- _____ Becoming a Board member
- _____ Writing Grants

FULL TIME: _____ PART TIME: _____

IF PART TIME: DAYS OF THE WEEK PREFERRED _____

NUMBER OF HOURS PER DAY _____

TIME OF DAY _____ WEEKENDS _____

GENERIC JOB RESPONSIBILITIES

VOLUNTEERS: ADMINSTRATIVE SUPPORT, FUNDRAISING SUPPORT, MARKETING/PR SUPPORT, SPECIAL EVENTS SUPPORT, NEWSLETTER WRITING SUPPORT, AFTER SCHOOL AND SUMMER EDUCATIONAL PROGRAM SUPPORT, “GRUNT WORK”: MOVING, CLEANING, INVENTORY, HAULING

INSTRUCTOR/HANDLERS: EXPERIENCED AND COMMITTED FOLKS SOMETIMES BECOME APPRENTICE INSTRUCTORS/HANDLERS. THESE DEDICATED INDIVIDUALS VOLUNTEER TIME IN SCHOOL PROGRAMS TO LEARN THE SFRC CURRICULUM AND HELP TO TEACH IN SFRC EDUCATIONAL PROGRAMS

ANY ADDITIONAL COMMENTS AND INFORMATION YOU WOULD LIKE US TO KNOW: [USE BACK OF SHEET IF NEEDED]

SIGNATURE

DATE