

Volunteer Application Form

*This information is confidential and will not be shared with anyone outside of The WILD Foundation.

First and Last Name									
Home Phone	Cell Phone	e DOI	В						
Street Address			Email						
City	State	Zip							
Emergency Contact Nan	ne	Phone							
How many hours are you	u willing to commit?	per week	per week per month						
Days and times (between hours of 8 a.m. to 6 p.m.) you are available:									
Monday	Tuesday	Wednesday	Thursday	Friday					
Are you able to volunteer on weekends at community events and festivals to represent WILD?									

How long do you envision volunteering with us - 1 month, 6 months, a year, etc.?

Please describe your educational background.

Will you be volunteering as an Intern for school credit?

Are you aware that volunteer positions are not paid positions?

Have you ever been convicted of a misdemeanor or felony? If yes, please describe

What skills do you possess that would assist you in working with WILD?

Please describe why you wish to work with WILD.

Please explain what you hope to accomplish and how we can help you accomplish these goals.

How did you hear about WILD?

What is your favorite Colorado wildflower? What is your favorite Colorado animal?

A Voice for Wilderness

Rules of Conduct:

Safety and security are the top priorities for everyone working at The WILD Foundation.

Individuals will not be denied access to the volunteer program based solely on sex, race, national origin, physical handicap, religion, or political belief.

Volunteers must sign in and out of the volunteer log.

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, or other person or involves overall agency business. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action.

Material produced by volunteers, including graphics materials, web page designs, narratives, research, compilations, instructional texts, etc., becomes the property of The WILD Foundation upon submission.

I authorize The WILD Foundation to obtain medication or medical attention for me in case of an emergency if unable to reach the emergency contact stated above, and I release them from responsibility in connection with such medication or medical attention. During my participation as a volunteer, I shall be responsible for my own acts and save, indemnify and hold The WILD Foundation harmless from death or injury to myself or from damage to my own property.

By	sig	ning	you	agree	to	The	WIL	\mathbf{D}	Foundation	n's	R	ules	of	C	onduct	and	release	statemen	t.
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Signature	Date

Printed Name

Thank you for your interest in The WILD Foundation.

We rely on help from volunteers like you to achieve our mission of protecting at least half of planet!

We hope to be working with you soon.