



## VOLUNTEER APPLICATION

(All information is completely confidential)

First & Last Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ (\*optional, but must be over 18. Some exceptions apply)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact/Relationship?: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer (Name): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Personal Reference (Name): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe any special education you have in the avian field:

Describe any seminars, conferences, symposiums, etc. you have attended on current avian issues?

Do you currently have pet birds? (Yes) (No)

If yes, what species and how many?

Do you have other bird experience? (Yes) (No)

If yes, please describe:



**Do you have previous volunteer or community service experience?**

**Describe other activities involving teamwork, i.e. team sports, scouts, clubs, etc., and any leadership positions held:**

**What days/hours are you available for volunteering? (Days): \_\_\_\_\_ (Hours): \_\_\_\_\_**

**Do you have any physical limitations/allergies we should know about?**

**Do you have any special skills or interests that may be utilized in your work as a Lily Sanctuary volunteer?**  
(Examples: grant writing, fundraising, event planning, public outreach, administrative, home improvement etc.)

**Why do you want to volunteer at The Lily Sanctuary?**

**How did you hear about us?**

**Additional comments or questions:**

If you are unable to submit this form here, Please return application to -  
Mail: The Lily Sanctuary P.O. Box 9294 Fountain Valley, CA 92728-9294

Email: [thelilysanctuary@gmail.com](mailto:thelilysanctuary@gmail.com) Fax: 714-531-3189 Questions: 714-442-9474