

South Plains Wildlife Rehabilitation Center, Inc.  
3308 95<sup>th</sup> Street  
Lubbock, Texas 79423  
(806) 799-2142

## JUNIOR VOLUNTEER APPLICATION

Full name of JV applicant – (Please print) \_\_\_\_\_

Print name of mother/father or guardian:

\_\_\_\_\_

Address and Zip Code:

\_\_\_\_\_

Telephone Contact of parents: Home: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Date of Birth of Junior Volunteer (month, day, year)

\_\_\_\_\_

Do you have any medical problems such as allergies, diabetes, asthma, seizures, etc. you need us to be aware of? If so, please explain. (Allergy to bee stings, aspirin, etc.) Use other side if necessary.

\_\_\_\_\_

Do you take any medications on a regular basis, and if so, what? \_\_\_\_\_

\_\_\_\_\_

Do you take any medications we should be aware of? If so, please list: \_\_\_\_\_

\_\_\_\_\_

**Emergency** contact information: (friend; relative; neighbor; co-worker) if we are unable to reach a parent in the event of an emergency. Include, name, address, and PHONE NUMBER below:

\_\_\_\_\_

\_\_\_\_\_

Relationship? \_\_\_\_\_

Second Emergency Contact (Name and phone number):

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Do you have a preference for a hospital in the unlikely event your child should become ill or need medical attention and we are unable to reach someone?

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Do we have your permission to call for an ambulance if we are unable to reach an emergency contact? \_\_\_\_\_

**Family physician and telephone number**\_\_\_\_\_

**Parent or Guardian signature and Date:**

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