

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

ADULT VOLUNTEER APPLICATION

Please complete this application if you agree to abide by the Wildlife Center's volunteer policies, and attach your signed Waiver. Send or bring to SPWRC, Inc., 3308 95th Street, Lubbock, TX 79423. Thanks for your interest!

Full name of volunteer applicant – (Print) _____

Address and Zip Code:

Telephone Contact Home: _____ Cell: _____

Place of Employment: _____

Work phone: _____

Print E-Mail: _____

Date of Birth(Optional) _____

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 we should be aware of, as for asthma, etc.? If so, please list:

Emergency contact information: (friend; relative; neighbor; co-worker) Include, name, address, and PHONE NUMBER below:

Relationship? _____

Second Emergency Contact (Name and phone number):

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

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

Have you ever been convicted of a felony or a crime, and if so, what? _____

Driver's License State and Number: _____

Please write a few lines about yourself below, including what you hope to gain by becoming an SPWRC volunteer:

Family physician and telephone number _____

Your signature and date:
