TEXAS SEALIFE CENTER
14220 South Padre Island Drive
Corpus Christi, Texas 78418
361-589-4023
texassealifevolunteers@gmail.com



VOLUNTEER APPLICATION

Personal Information

Last Name:F	irst Name:	
Address:		
(Street) Home Phone:	(City)	(State)
Email:		
Education:	_School:	
Major: Gi	raduation Date:	
Drivers License:(#) (State Issued)	Date of Birth:	
Emergency Contact:(Name and Phone Nu Any Medications?	mber)	
Age:		otion:
Any special Training, Certifications, or Exper	riences Related to Wildlife Renabiliti	ation:
Why do you want to volunteer for the Texas Center?		
Do you see yourself as an animal person, pe Explain your answer	eople person, or do you see yoursel	f as both?

List other Organizations where you have volunteered before:
I would like to volunteer: _ One shift per week (~3-6 hrs/shift) _ Two shifts per week (~12-24 hrs/shift) _ More than two shifts per week (~36-40 hrs/shift)
Besides working with animals, what are your other interests? _ Education Outreach (School groups, Scout programs) _ Special Events (Community Events) _ Administration/Gift shop _ NOT interested in working with animals
What is your first area of interest?
Describe your feelings about the importance of working with wildlife:
List any conditions that may limit your abilities ex. Allergies, physical limitations.
All wildlife can carry parasites and diseases that may be transmissible to humans. Do you have any immune system concerns?
How do you feel about euthanasia?
Availability: (Check all that apply to you) MTWTHFSaSu
How did you hear about us?
Email to: texassealifevolunteers@gmail.com or Bring it in person to the facility at 14220 SPID Corpus Christi, Texas 78418.
ONLY for Volunteer Coordinator to fill in: Start Date: