MESSINGER WOODS WILDLIFE CARE



& EDUCATION CENTER, INC.



Volunteer Application

Please TYPE or PRINT clearly - Questions (716) 345-4239 or www.messingerwoods.org

First Name:	Last Name	:					
Home Phone:	Mobile Pho	Mobile Phone:					
Street Address:	City	State	Zip Code				
Email Address:	(please check to	(please check to make we are not in our spam mail!)					
What is the best way to reach you:							
Are you a Licensed Wildlife Rehabilitator	? If yes, please pro	ovide State and Fede	eral No.:				
How did you find out about Messinger V							
Reason for Interest (check as many as ap							
□Personal Development	☐ Career Development						
☐Educational Opportunity	☐ Mandatory School Requ	irement					
☐Probation / Public Service Requiremen	nt. Please explain:						
Volunteer Position(s) Desired (please inc	licate all areas of volunteer	ring that interest you	u):				
Do you have any special skills that may b	oe of value of Messinger Wo	oods? If so, please	list:				

What other organizations do you currently volunteer at or have in the past?							
May we contact them?	_ Contact or Supervi	sor(s) name and	phone number:				
	-		usy season. These months can change year to y	/ea			
as our busy season can run June	thru August, June ti	nru September, (етс. Спеск ан тпат арріу:				
☐ Monday	☐ Shift 1 9::	☐ Shift 1 9:30 a.m. to 1:30 p.m.					
☐ Tuesday	☐ Shift 2 1:	☐ Shift 2 1:30 p.m. to 5:30 p.m.					
☐ Wednesday	☐ Shift 3 5::	☐ Shift 3 5:30 p.m. to 9:30 p.m.					
☐ Thursday							
☐ Friday							
☐ Saturday							
☐ Sunday							
Would your current employmen	nt in anyway affect yo	our ability to cor	mmit to a shift you agree to work?				
Please list 2 references not relat	ted to you:						
Name:	Phone:		Relationship	_			
Name:	Phone:		Relationship	_			
In case of an emergency while v	olunteering with Me	essinger Woods,	please provide a name, relationship and phone				
number of someone we can cor	ntact. Name:						
Phone Number(s):		Relationship:	:				
Applicant Name:							
PLEASE PRINT		SIGNATURE					
Date:							

COMPLETED APPLICATIONS CAN BE EMAILED TO JUDY@MESSINGERWOODS.ORG OR SENT TO MESSINGER WOODS, P.O. BOX 508, ORCHARD PARK, NY 14127