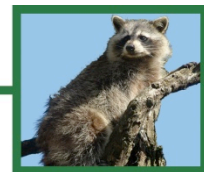


Roanoke Wildlife Rescue Center

Rescue • Rehabilitate • Release



Volunteer Application

Date: _____

Name: _____

Age (check one): under 16 16-18 18+

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

I prefer to be called on my home number [] cell number []

Email address: _____

Do you currently have medical insurance? Yes [] No []

I am interested in participating in the following way(s):

Animal Care [] Cage Building [] Cleaning Projects [] Education []

Fund Raising [] Grant Writing [] Grounds Keeper [] Receptionist []

Serve on a committee []

I am available to volunteer during the following days and times (check all that apply):

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
9-1	9-1	9-1	9-1	9-1	9-1	9-1
3-7	3-7	3-7	3-7	3-7	3-7	3-7
6-close	6-close	6-close	6-close	6-close	6-close	6-close

Please email this application to volunteers@roanokewildlife.org or mail to

Roanoke Wildlife Rescue – Volunteer Coordinator

5931 Cotton Hill Road

Roanoke, VA 24108