

# MESSINGER WOODS WILDLIFE CARE & EDUCATION CENTER, INC. Volunteer Application



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ (please check to make we are not in your spam mail!)

What is the best way to reach you: \_\_\_\_\_

Are you a Licensed Wildlife Rehabilitator? \_\_\_\_\_ If yes, please provide State/Federal No.: \_\_\_\_\_

How did you find out about Messinger Woods? \_\_\_\_\_

Reason for Interest (check as many as apply):

Personal Development

Career Development

Educational Opportunity

Mandatory School Requirement

Probation / Public Service Requirement. Please explain: \_\_\_\_\_

Volunteer Position(s) Desired (please indicate all areas of volunteering that interest you): \_\_\_\_\_

Do you have any special skills that may be of value to Messinger Woods? If so, please list: \_\_\_\_\_

What other organizations do you currently volunteer at or have in the past? \_\_\_\_\_

May we contact them? \_\_\_\_\_ Contact or Supervisor(s) name and phone number: \_\_\_\_\_

---

You will be asked to choose 1 shift to work every week during our busy season. These months can change year to year as our busy season can run June thru August, June thru September, etc. Check all that apply:

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Shift 1 - 9:30 a.m. to 1:30 p.m. |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Shift 2 - 1:30 p.m. to 5:30 p.m. |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Shift 3 - 5:30 p.m. to 9:30 p.m. |
| <input type="checkbox"/> Thursday  |   |
| <input type="checkbox"/> Friday    |   |
| <input type="checkbox"/> Saturday  |   |
| <input type="checkbox"/> Sunday    |   |

Would your current employment in anyway affect your ability to commit to a shift you agree to work? \_\_\_\_\_

---

Please list 2 references not related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

In case of an emergency while volunteering with Messinger Woods, please provide a name, relationship and phone number of someone we can contact. Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
PLEASE PRINT SIGNATURE

Date: \_\_\_\_\_ Please return by email to [info@messingerwoods.org](mailto:info@messingerwoods.org) or by mail to:

Messinger Woods Care & Education Center  
P.O. Box 508 Orchard Park, NY 14127