

COLORADO WOLF AND WILDLIFE CENTER
NON-COMMITTED VOLUNTEER APPLICATION

DATE: _____

APPLICANT INFORMATION						
LAST NAME		FIRST NAME & MIDDLE INITIAL		SSN		DATE OF BIRTH
MAILING ADDRESS						
PHONE 1		PHONE 2		EMAIL ADDRESS		
Are you 18 or older? Y or N				Are you a U.S. citizen? Y or N		
Military service? Y or N				If yes, which branch?		
Are you a veteran? Y or N				If yes, which war?		
COLORADO STATE LAW ALLOWS AN EMPLOYER TO OBTAIN PUBLICLY AVAILABLE CRIMINAL BACKGROUND REPORTS ON ANY APPLICANT AT ANY TIME						
NON-COMMITTED VOLUNTEER AVAILABILITY:						
AVAILABLE START DATE:				PROJECTED END DATE:		
DURATION: (CIRCLE ONE)		6 MONTHS		9 MONTHS		12+ MONTHS
DAYS AVAILABLE:		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY SUNDAY
OTHER PROPOSED SCHEDULE:						
HOW DID YOU LEARN OF THIS OPPORTUNITY?						
EDUCATION						
SCHOOL NAME		LOCATION		YEARS ATTENDED		MAJOR & DEGREE EARNED
OTHER / APPLICABLE TRAINING						
APPLICABLE SKILLS / PROFICIENCIES						
PERSONAL REFERENCES						

NAME	RELATIONSHIP	CITY/STATE	PHONE

EMERGENCY CONTACT INFORMATION:

IN CASE OF AN EMERGENCY PLEASE CONTACT:					
RELATIONSHIP TO APPLICANT:					
ADDRESS:				PHONE:	
CITY:		STATE:		ZIP:	

EMPLOYMENT HISTORY			
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
MAY WE CONTACT? Y or N	REASON FOR LEAVING		
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
MAY WE CONTACT Y or N?	REASON FOR LEAVING		

Why do you want to work at Colorado Wolf and Wildlife Center? :

What experience do you have working with animals? (Explain in detail):

Do you have any physical needs or limitations which we should be aware of? (allergies, medications, medical conditions):

Do you have medical insurance? If so please provide carrier and policy number:

LEGAL STATEMENTS:

COLORADO FOLLOWS THE LEGAL DOCTRINE OF "EMPLOYMENT-AT-WILL" WHICH PROVIDES THAT IN THE ABSENCE OF A CONTRACT TO THE CONTRARY, NEITHER AN EMPLOYER NOR AN EMPLOYEE IS REQUIRED TO GIVE NOTICE OR ADVANCE NOTICE OF TERMINATION OR RESIGNATION. ADDITIONALLY, NEITHER AN EMPLOYER NOR AN EMPLOYEE IS REQUIRED TO GIVE A REASON FOR THE SEPARATION FROM EMPLOYMENT. VOLUNTEERS ARE CONSIDERED "AT-WILL" STAFF MEMBERS OF COLORADO WOLF AND WILDLIFE CENTER.

COLORADO WOLF AND WILDLIFE CENTER IS AN EQUAL OPPORTUNITY EMPLOYER. WE CELEBRATE DIVERSITY AND ARE COMMITTED TO CREATING AN INCLUSIVE ENVIRONMENT FOR ALL EMPLOYEES.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY ABILITY. PROVIDING FALSE OR MISLEADING INFORMATION MAY RESULT IN DISCIPLINARY ACTION INCLUDING TERMINATION:

SIGNATURE					
PRINTED NAME		SIGNATURE		DATE	
DRIVER'S LICENSE #:		STATE ISSUED BY:		EXPIRES:	