



Animal Rehabilitators of the Carolinas Hotline Volunteer Application

Name _____

Address _____

Street address

City

State

ZIP

County _____

Phone (home) _____ (work) _____ (cell) _____

Age over 18? ☐yes ☐no

Access to Phone & Internet Services: ☐yes ☐no

E-mail address: _____

Education

Name of School

Dates Attended

Course of Study

Degree

Work Experience

Do you work full time? ☐yes ☐no Work schedule: _____

Volunteer Experience

Organization

Dates

Position

Contact Person & Phone

How did you hear about ARC's hotline volunteer position?

☐Website

☐Facebook

☐ARC Member

☐Other: _____

What hotline shifts would you be available to cover?

☐9am-1pm

☐1pm-5pm

☐5pm-9pm

Other Areas of Volunteer Interests:

☐Hotline Coverage Only

☐Fundraising

☐Fair/Festival Booth

☐Carpentry/Cage Building

☐Animal Rehabilitation

☐Educational Programs

☐Other: _____

What prompted your application, and why do you want to volunteer with ARC?

Have you worked with animals or wildlife previously? Please explain.

Are you currently licensed by North Carolina for rehabilitation? ____ yes ____ no

Signature _____

Date _____

Thank you for supporting your local wildlife.