

Adobe Mountain Wildlife Center

*P.O. Box 42386
Phoenix, AZ 85080-2386*

Volunteer Interest Questionnaire

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE +4 _____

TELEPHONE _____ WORK PHONE _____

FAX _____ CELL PHONE _____

EMAIL _____

Vehicle Make/Model _____

License Plate _____ Drivers License _____

I would be interested in donating (check all that apply)

_____ time _____ money _____ labor

_____ supplies _____ resources _____ knowledge

I would like to participate and support your cause approximately:

_____ Once a week _____ Once every other week _____ Once a month _____ When possible

I am available (check all that apply)

_____ Weekdays _____ Weekends _____ Weeknights _____ Holidays

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ Friday _____ Saturday _____ Sunday _____ Anytime

Areas that require volunteer support (check all that interest you):

- Office duties, clerical Fundraising Supply Runners Transport Animals
- Education Program Construction Electrical Solicitation of Donations
- Daily Maintenance Plumbing Feeding Stations Post Operative Care
- Trapping Temporary Housing Events Management Foster Care
- Computer Systems Newsletter Night Feeding Nursing/Aide/Tech
- Landscaping/Gardening Animal Handling, Training

Do you currently volunteer for any other non-profit organization? _____

If so, please name _____

Where or how did you get interested in volunteering? _____

Where or how did you get interested in volunteering? _____

The best time to contact me is: _____

Comments: _____

Signature _____ *Date* _____

Orientation Scheduled	Orientation Completed

Date	Notes

Scheduled Day/Date	Hours	Projects