



Fauna Core Volunteer Application Form

Thank you for your interest in becoming a Core Volunteer at Fauna Foundation. Our Core Volunteers are the heart and soul of the volunteer program and we have volunteer opportunities in a variety of program options.

Before you complete this form, please review the volunteer program prerequisites that include being 18 years of age or older and a willingness to commit to volunteering at least one 4-hour shift a month for a minimum of six months.

Please note that all areas of this application form **MUST** be completed. If all fields are **NOT** completed or filled in, we will be unable to consider your application. Once you've completed, signed and submitted this application, we'll be in touch to schedule the next 3-hour orientation!

ABOUT YOU

Name

First*	Last*

Address

Street Address Line 1*	
Street Address Line 2	
City*	State / Province / Region*
ZIP / Postal Code*	Country*

Email*

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Phone*

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Is this a mobile number*? Yes No

Emergency Contact

First Name*	Last Name*
Phone*	Relationship*

Are you 18 years of age or older*? Yes No

Date of Birth*: / / (DD/MM/YYYY)



Languages spoken and written*

Preferred language*? English French

Are you currently a Fauna Supporter*? Yes No

How long approximately have you been a Fauna Supporter*?

Are you currently employed*? Yes No

What is your occupation*?

Was your last tetanus vaccination received within the last 10 years? Yes No

If yes, when does it expire?

Was your last tuberculosis test done within the last 12 months*? Yes No

If yes, when does it expire*?

How did you hear about us*? Check only one box.

- Printed media (i.e. newspaper, etc.)
- Radio
- Television
- Facebook
- Instagram
- VegFest or other offsite event
- Symposium or other onsite event
- A current or former employee
- A current or former volunteer
- Other (please specify): _____

YOUR INTERESTS

In which program options do you wish to volunteer*? Check all that apply.

- Office & General Administration
- Gardens & Arboretum
- Enrichment
- Outreach
- Resident Care[‡]

[‡]Please remember that the Resident Care program option entails additional requirements, training, and are extended *by invitation only* to existing volunteers.

Which days of the week are you available*? Check all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Varies week to week

Are you available on a weekly or monthly basis*? Check only one box.

- Weekly
- Monthly
- Other (please specify): _____



How many 4-hour shift per month could you commit to volunteering at Fauna*? Please note that our regular shift schedule is from 10:30 am to 2:30 pm. Check only one box.

- 1 2 to 3 4 to 5 6 or more

For how many months are you willing to make this commitment*? Check only one box.

- 6-12 (6 months is the minimum requested) 12-18 18-24

Why do you want to volunteer with our organization*?

What general skills and experience do you have that will assist you in your core volunteer role at Fauna Foundation*? In other words, what is your superpower? Please be specific and include any previous volunteer experience including name of organization, dates and type of volunteer work.

Do you have any of the following professional experience to contribute? Check all that apply.

- Public Relations and Public Speaking Information Technology and Website Design
 Translation and Text Correction Business Administration
 Event Planning Grant Writing Legal Advocacy
 Other (please specify): _____

Do you have a current First Aid and CPR provider certification*? Yes No

If yes, when does it expire?

Do you have any allergies*? If yes, please specify.

Do you take any medication*? If yes, please specify.

Do you have any condition that could interfere with your work, your safety, or the safety of the residents*? Check all that apply and give us more details in the appropriate box below.

- Seizures, convulsions or epilepsy Blackouts or fainting Diabetes
 Ear disease, hearing loss or problem with balance Exposure to tuberculosis
 Respiratory problems (e.g. asthma, emphysema, etc.) Heart or blood disease
 Fears, phobias, anxiety or panic attacks Other (please specify): _____



Is there anything else that wasn't covered in this application and that you would like us to know about you*?

REFERENCES

Please list two *professional* references, including at least one current or former direct supervisor.

Reference 1

First Name*	Last Name*
Phone	Email*
Relationship*	

Reference 2

First Name*	Last Name*
Phone	Email*
Relationship*	

STATEMENT OF UNDERSTANDING, AGREEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SUBMITTING YOUR APPLICATION

I guarantee that the information provided above is true and correct. I understand that any falsification of the above information may be grounds for denial of this application and/or termination from the volunteer program. I hereby grant Fauna Foundation permission to use the personal information herein for the purposes of establishing a volunteer relationship, to contact me and/or to contact the references listed above.

Signature: _____

Date of signature: ___ / ___ / ____ (DD/MM/YYYY)