

Coastal Bend Companion Bird Club & Rescue Mission

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Are you 18 years of age? YES: NO: Do you have a valid drivers license?
YES: NO:



Check one of the areas you are interested in volunteering your time:

Fostering Transport Assisting with adoption Taming

Do you access to a vehicle? YES: NO: How far are you willing to travel to assist with placement, vet visits, transport or rescue? _____

Do you own any birds and if so how many? _____

If you do not own any birds now, have you in the past? YES: NO:

Do you breed birds? YES: NO: if so: Hobby Income source

If you wish to foster a bird do you have quarantine space and if so where? _____

Do you have an avian Veterinarian? YES: NO: if so Name: _____

Phone: _____ Address: _____

Have you adopted, rescued or fostered birds in the past? YES: NO: (do not include birds you have purchased through a pet store or breeder) Species: _____

Do you have equipment needed (travel cages, extra cages) to help with while you are volunteering (list equ)? _____

Are you currently a member of any bird club? YES: NO: Are you planning on joining the Coastal Bend Companion Bird Club and Rescue Mission? YES: NO:

How did you hear about us and what motivated you to want to volunteer? _____

Upon submitting this form it will be sent to review by the board of the Coastal Bend Companion Bird Club & Rescue Mission (CBCBC&RM). There may be a waiting period before being eligible to volunteer. You will receive a response from a board member as soon as possible as to your volunteer status. Thank you for volunteering to help the community one bird at a time.

Signature of applicant volunteer _____ Date: _____

If under 18 a legal guardian or parent must sign in presence of a board member:

Parent or guardian signature: _____ Date: _____

Witnessed by: _____ Date: _____

Note: The CBCBC&RM has the right to decline any application.

Thank You!!