



# PACIFIC MARINE MAMMAL CENTER VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & ZIP \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF TRANSPORTATION AVAILABLE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US.: \_\_\_\_\_

TIME & DAYS AVAILABLE FOR VOLUNTEER WORK: \_\_\_\_\_

WHEN WOULD YOU **NOT** BE AVAILABLE FOR VOLUNTEER DUTY: \_\_\_\_\_

DO YOU HAVE SPECIALIZED TRAINING OR SKILLS IN YOUR OCCUPATION OR

RECREATIONAL ACTIVITIES: \_\_\_\_\_

WHAT VOLUNTEER WORK HAVE YOU DONE IN THE PAST: \_\_\_\_\_

ENVIRONMENTAL EDUCATION: \_\_\_\_\_

ARE YOU COVERED UNDER A PERSONAL OR FAMILY MEDICAL PLAN: \_\_\_\_\_

HAVE YOU HAD A TETANUS SHOT WITHIN THE PAST TWO YEARS: \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES TO MEDICATIONS? \_\_\_\_\_

IN CASE OF AN EMERGENCY, ANY KNOWN MEDICAL CONDITIONS WE SHOULD KNOW

ABOUT? \_\_\_\_\_ ANY MEDICATIONS WE SHOULD KNOW ABOUT?

\_\_\_\_\_ DO YOU HAVE ANY SPECIAL NEEDS? \_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER WITH PMMC: \_\_\_\_\_

LONG RANGE GOALS: \_\_\_\_\_

*Office Use Only.*

SUPERVISOR NOTES: \_\_\_\_\_

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