

Wildlife Rehabilitation Clinic, Inc

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Wildliferehabclinic@hotmail.com



Wildlife Rehabilitation Clinic

Fundraising Volunteer Application

Name _____ Application Date _____

Address _____
Street City Zip

Home Phone Number _____ Work Phone _____ Cell _____

e-mail address _____

Date of Birth _____

In case of emergency, please notify:

Name _____ Relationship _____ Phone _____

Personal Information

Special skills, experience or training that may be beneficial _____

List other community service organizations for which you volunteer _____

- I would like to help with planning and working Special Events
- I would like to help with Public Relations
- I would like to run a Membership Drive
- I would like to help get Corporate Gifts
- I would like to help write Grants