

# Wings of Hope

## Member & Volunteer Application

Thank you for your interest in becoming a volunteer with Wings of Hope.

Our rescue organization is made up of people who like you, take time from their busy schedules to help those animals in need. Please take a few minutes and tell us about yourself. After we receive your application a member will contact you to discuss your areas of interest and how you could help Wings of Hope. Thank You!

*We welcome all "volunteers"*

### GENERAL INFORMATION

Applicant: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_  
Co-Applicant Email: \_\_\_\_\_  
Co-Applicant Occupation: \_\_\_\_\_

### AREAS OF INTEREST (please check ALL that apply)

Organizing & Staffing W.O.H. events  
 Fundraising efforts  
 Transporting/Transportation  
 Intake  
 Hotline  
 Fostering [**please also complete Fostering Information (Application), which follows**]  
 Conducting interviews with adoption applicants  
 conducting behavioral pre-screening evaluation on larger Birds  
Other please list: \_\_\_\_\_

---

---

### SPECIAL SKILLS AND/OR CONTACTS

Please list any special skills, and /or networking contacts that you have or can utilize for rescue purposes (i.e., skills such as sewing, public speaking, photography, etc.; or contacts with groomers, vets, specialty shops, etc.)

---

---

### FOSTERING INFORMATION (Application)

(NOTE: Complete this section ONLY if you are applying to become a W.O.H foster home)

Your ages: \_\_\_\_\_ Do you have children? \_\_\_\_\_ If yes, how many \_\_\_\_\_

Do you: Own: \_\_\_\_\_ Rent: \_\_\_\_\_ House: \_\_\_\_\_ Apt: \_\_\_\_\_

Where would the animal be kept? \_\_\_\_\_

Is anyone home during the day? \_\_\_\_\_

Who will be primarily responsible for the animal? \_\_\_\_\_

Have you had other pets in the past 10 years? If yes, please list type: \_\_\_\_\_

Rescued animals vary in age. What age range would you consider fostering?

1-3 \_\_\_\_\_ 3-6 \_\_\_\_\_ 6-9 \_\_\_\_\_ 9+ \_\_\_\_\_ Any age \_\_\_\_\_

Do you prefer: Male \_\_\_\_\_ Female \_\_\_\_\_ Does not matter \_\_\_\_\_

Check off the traits that are MOST important to you:

\_\_\_\_\_ Good with Children \_\_\_\_\_ Good with Males \_\_\_\_\_ Good With Females

\_\_\_\_\_ Travels well \_\_\_\_\_ Friendly (can be handled) \_\_\_\_\_ Quiet

\_\_\_\_\_ Has no special needs \_\_\_\_\_ Needs no grooming care \_\_\_\_\_ Needs no medical care

Types of species you are willing to foster: \_\_\_\_\_

Types of species you are NOT willing to foster: \_\_\_\_\_

List other rescue organizations to which you have applied and/or volunteered with:

### ALL APPLICANTS:

I acknowledge that all information contained in this form is true and correct to the best of my knowledge.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*PO Box 12034, Jacksonville, NC 28546 \* (732) 833-QUAK(7825) \*

\*Fax number (910) 353-4139 \* Website: [www.wingsofhope-nj.com](http://www.wingsofhope-nj.com) \*

Revised 6-08