



Volunteer Application

Raptor Rehabilitation of Kentucky, Inc.

Date _____

If you're willing to become a member of Raptor Rehab, print out this application and mail it to the address at the bottom of the page after filling it out.

_____ Name	_____ Main Phone Number
_____ Address	_____ Secondary Phone Number
_____ Date of Birth	_____ Email Address
_____ Employer	<input type="checkbox"/> Are you a licensed driver?
_____ Occupation	<input type="checkbox"/> Do you have a current tetannus shot?
	<input type="checkbox"/> Do you have reliable, insured transportation?

Why do you want to volunteer with us?

Please list any previous volunteer experience.

How did you hear about our program.

Please list any special abilities that might be beneficial to our program.

Please describe any physical limitations that would prevent you from lifting, bending, carrying, or working in cold or damp weather.

Shift Days & Times: *a minimum of 4 hours per week is required*
Monday & Tuesday: Afternoon shifts 3PM - 9PM
Wednesday thru Sunday: Dayshift starting at 9AM to whenever shift work is completed

Your Availability

Monday _____ to _____	Friday _____ to _____
Tuesday _____ to _____	Saturday _____ to _____
Wednesday _____ to _____	Sunday _____ to _____
Thursday _____ to _____	

Once you've completed the application, please mail it to the following address:

Raptor Rehabilitation of Kentucky, Inc. P.O. Box 206186 Louisville, KY 40250-6186