



Volunteer Application

Raptor Rehabilitation of Kentucky, Inc.

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

- Are you a licensed driver?
- Do you have a current tetanus shot?
- Do you have reliable, insured transportation?

Occupation

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

Your Availability

Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____

Friday _____ to _____
Saturday _____ to _____
Sunday _____ 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

