SHELDRICK WILDLIFE TRUST USA

VOLUNTEER APPLICATION

CONTACT INFORMATION				
Name:				
Street Address:				
City, State, Zip:				
Phone(s):			Email:	
INTERESTS - IN WHICH AREAS ARE YOU BEST SUITED TO VOLUNTEER?				
Category of project for which support is requested (Check All That Apply)				
☐ Fundraising/Spe	cial Events	Outr	reach/Educational Events	
☐ School Presentations ☐ Grant		☐ Gra	phic Design	
☐ Office Support ☐		☐ City	City Ambassador (Requirements Apply)	
AVAILABILITY - WHEN ARE YOU AVAILABLE FOR VOLUNTEER ASSIGNMENTS? (Days and Times)				
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐ Mornings ☐ Afternoons ☐ Evenings				
SPECIAL SKILLS OR QUALIFICATIONS – Skills and qualifications can be acquired through employment, school, previous volunteer work, or other activities such as hobbies, sports, or general interests.				
PREVIOUS VOLUNTEER EXPERIENCE - Please list your past volunteer experiences. (Attach additional sheets If necessary.)				
Organization: Duties:				
Organization: Duties:				
Organization: Duties:				

Thank you for your interest in supporting Sheldrick Wildlife Trust USA! Please return your completed form to: adminusa@sheldrickwildlifetrust.org Your information will be added to our database and we will contact you when the opportunity to volunteer arises.

