



LOS ANGELES BAT RESCUE

1351 9TH Street, Manhattan Beach, CA 90266 | 310-365-5656

VOLUNTEER APPLICATION

Thank you for your interest in helping us with our mission to rehabilitate, advocate for, and educate the public about the native bat species of Southern California. So that we may get to know you better and best utilize your skills, please use the following questionnaire to tell us about yourself and how you are able to help us help the wildlife in our care. If you prefer to attach a resume or CV, that is also acceptable.

Please send your completed application to **losangelesbats@gmail.com** as a PDF attachment, or as a clear photo if you filled out a printed copy by hand. Alternatively, you may submit a hard copy to Amy Spencer. Once you have submitted your application, a LABR volunteer will contact you to discuss potential opportunities.

GENERAL INFORMATION

Name: _____

Full Home Address: _____

Cell Phone #: _____ Email: _____

1. Relevant Coursework/Degrees, Workshops, Certifications:

2. Relevant Volunteer/Paid Experience in Rehab Centers, Animal Care, Biological Site Surveying, etc.:

3. Memberships/Involvement in Relevant Associations or Groups:

4. Automobile Insurance **Company**, **Policy Number**, and Contact **Phone Number**:

5. Health Insurance **Provider, Member Number/ID**, and Contact **Phone Number**:

6. Emergency Contact information:

Full Name: _____ Relationship: _____

Cell Phone #: _____ Work/Home Phone # (if applicable): _____

7. In case of accidents and emergencies, Primary Care Physician **Name, Address**, and **Phone Number**:

8. **If relevant, date of pre-exposure vaccination course for the Rabies virus within the past 5 years (please email vaccine record and recent titer to **losangelesbats@gmail.com**): _____

***Rabies vaccine course and titer is required for ANY position where bat handling is required*

INTERESTS

1. How did you hear about us?

2. I would like to volunteer in the following area(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Fundraising Events & Projects (e.g. Grants) | <input type="checkbox"/> Social Media/Public Awareness | <input type="checkbox"/> Animal Care** |
| <input type="checkbox"/> Patient Transportation & Release | <input type="checkbox"/> Educational Planning & Event Execution | <input type="checkbox"/> Bat Emergency Hotline |
| <input type="checkbox"/> Advocacy and Policy Issues | <input type="checkbox"/> Website Development & Maintenance | |
| <input type="checkbox"/> Other (describe below in the next question) | | |

3. Do you have a specific idea or project in mind that we did not cover which you would like to do at and for our Bat Rehab & Advocacy group? If so, please tell us a little about this:

4. Are you able to personally fund any required vaccinations and external training workshops that may be required to be a volunteer? _____

5. If you are interested in helping with transportation of bats*:

Do you have a valid driver's license? ☐ Yes ☐ No

General range of days/time ranges you are willing to transport: _____

How far are you willing to drive? _____

Our busiest time is during the summer months. Are you able to volunteer at least one day a week between May 1st and Sept 30th? _____. And contact other transportation volunteers to cover your scheduled day on call? _____.

**Unfortunately, we are not currently able to reimburse you for transportation costs or any costs due to injury, accident, or wear and tear on your vehicle.*

6. Are you looking for experience to support acceptance/entry into an educational certification or degree program? Or need service hours for your current school or community group? If so, please let us know a little more about this need:

7. Is there anything else you would like us to know about you?

Please sign and date below:

<hr/>	
Printed Name	
<hr/>	<hr/>
Signature	Date



Thank you for applying to help California bats!

