We are always seeking good volunteers! If you would like to become a volunteer, please fill out this form and return it to the following address:

PrideRock Wildlife Refuge
P.O. Box 1594
Terrell, Texas 75160

Name: ______________________________________________________________________
Address: _____________________________________________________________________
City:__________________   State: _____________________   Zip: _________________
Home #: ___________________    Work #: __________________ Fax #: ________________
Home E-mail #:_____________________________ Other E-mail_______________________
Date of Birth: _________________________ Driver's License #: ____________________
Married?    Yes     No
Employment: Circle one
Employed      Not Employed      Retired      Student
Employer: ________________________________________________________________
Address: ___________________________________________________________________
City:__________________   State: _______________     Zip: ___________
Position/ Job Title: ___________________________________________________________
Duties: ____________________________________________________________________
Would you submit to a drug test?  Yes  No  Initials: _____

List three references. If you have previously been a volunteer, please include one reference from that organization(s).

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List any special skills, education, training:

____________________________________________________________________________

____________________________________________________________________________

Hobbies and Interests:

____________________________________________________________________________

____________________________________________________________________________

Volunteer Interests (circle all that apply):

Animal Care  PR/Marketing  Special Projects

Maintenance  Fund Raising  Other:___________

Why do you want to become a volunteer at PrideRock Wildlife Refuge?

____________________________________________________________________________

____________________________________________________________________________

Have you ever volunteered before?  Yes  No
Where/what were your duties?

______________________________________________________________________________

______________________________________________________________________________

If yes, are you still a volunteer? If no, why not?

______________________________________________________________________________

______________________________________________________________________________

Days/hours available: ___________________________________________________________

When is the best time to contact you? ___________________________________________

Do you have experience with animals? Explain

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Auto Insurance Carrier: _________________________________________________________

Circle all that apply: Collision  Liability  Medical

Have you ever been convicted and/or placed on probation for any criminal offenses?  Yes  No

If yes, please provide dates and detailed information:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
TO ENSURE THE SAFETY OF OUR VOLUNTEERS AND OUR FELINES, IT IS NECESSARY TO HAVE THE FOLLOWING INFORMATION FROM YOU:

Are you immune-compromised? (Chemotherapy patient, or any disease affecting your immune system):  Yes  No

Do you have any allergies? Specify

____________________________________________________________________________

____________________________________________________________________________

Do you have any chronic viral infections such as cold sores or infections such as cold sores or hepatitis?  Yes  No

Do you have, or have you had any chronic respiratory problems?  Yes  No

Do you or any members of your immediate family have a history of chronic medical problems?  Yes  No

If yes, will this affect the job you will do?  Yes  No

MEDICAL REFERENCE:

My Doctor is: ________________________________________________________________

Address: ___________________________________________________________________

City: _________________  State: _________________  Zip: ______________

Phone #: _________________  Fax #: _________________

Do you have cats in your home as pets?  Yes  No

Do you have an aversion to certain animals?  Yes  No

If yes, specify: ______________________________________________________________

I agree to abide by all volunteer policies. I pledge to be a positive representative of PrideRock Wildlife Refuge.

Signature: __________________________
Emergency Contact:

Name: ________________________________

Relation: ________________________________

Address: __________________________________________________________________

City: ______________________________ State: ______________ Zip: ____________

Home #: __________ Work#: __________ Fax#: ______________

Date: ________________________________