

Volunteer Application for Wildlife Resources Division		Residing County: _____				
1. Name (Last, First, Middle)	2. Date of Birth	3. Telephone Number () -	4. Email Address			
5. Street Address (include apartment no., if any)		6. City, State, and Zip Code				
7. Which general volunteer work categories are you most interested in?						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Bat/Bird/Frog Route Survey <input type="checkbox"/> Fishing Events <input type="checkbox"/> Field Survey <input type="checkbox"/> Hunter Education Instructor <input type="checkbox"/> Shooting Sports <input type="checkbox"/> WMA's <input type="checkbox"/> Other (<i>please specify</i>) _____ </td> <td style="width: 33%; vertical-align: top; text-align: center;"> Fishing Education Centers <input type="checkbox"/> Customer Service <input type="checkbox"/> Ground Maintenance <input type="checkbox"/> Hatchery Projects <input type="checkbox"/> Landscaping <input type="checkbox"/> Mechanical Assistance </td> <td style="width: 33%; vertical-align: top; text-align: center;"> Wildlife Education Centers <input type="checkbox"/> Animal Care <input type="checkbox"/> Ground Maintenance <input type="checkbox"/> Landscaping <input type="checkbox"/> Program Assistance <input type="checkbox"/> Tour Guide <input type="checkbox"/> Visitor Information </td> </tr> </table>				<input type="checkbox"/> Bat/Bird/Frog Route Survey <input type="checkbox"/> Fishing Events <input type="checkbox"/> Field Survey <input type="checkbox"/> Hunter Education Instructor <input type="checkbox"/> Shooting Sports <input type="checkbox"/> WMA's <input type="checkbox"/> Other (<i>please specify</i>) _____	Fishing Education Centers <input type="checkbox"/> Customer Service <input type="checkbox"/> Ground Maintenance <input type="checkbox"/> Hatchery Projects <input type="checkbox"/> Landscaping <input type="checkbox"/> Mechanical Assistance	Wildlife Education Centers <input type="checkbox"/> Animal Care <input type="checkbox"/> Ground Maintenance <input type="checkbox"/> Landscaping <input type="checkbox"/> Program Assistance <input type="checkbox"/> Tour Guide <input type="checkbox"/> Visitor Information
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8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?						
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9. Highest education level:						
<input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PHD						
10. Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, additional information may be required)						
11. a. Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If Yes, please briefly describe your volunteer experience.						
12. Are you OK to work in adverse conditions? (Snakes, Spiders, and Alligators) <input type="checkbox"/> Yes <input type="checkbox"/> No						

Please mail, fax or e-mail application to: Michael Sellers Wildlife Resources Division 2065 Hwy 278SE
 Social Circle, GA 30025 – Fax: 706-557-3042 or e-mail: Michael.Sellers@dnr.state.ga.us

13. What are some of your objectives for working as a volunteer? (Optional)
14. Please specify any physical limitations that may influence your volunteer work activities:
15. a. Which months would you be available for volunteer work? <input type="checkbox"/> Any <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
15b. How many hours per week would you be available for volunteer work? Hours
15c. Which days per week would you be available for volunteer work? <input type="checkbox"/> Any <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
16. How many miles are you willing to drive for your volunteer experience?
17. What is your preference for a uniform component? Shirt, cap, vest, or name tag
18. Occupation:
19. Name/Address of Employer:
20. List names/mailling address and phone number of three references other than relatives: Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ E-mail: _____ Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ E-mail: _____ Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ E-mail: _____
21. Signature: _____ Date: _____

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