



# GIBBON CONSERVATION CENTER

A 501(c)(3) nonprofit center for the study, preservation and propagation  
of highly endangered species

## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Birth date \_\_\_\_\_ Email \_\_\_\_\_

Address/City/State \_\_\_\_\_

Occupation/employer \_\_\_\_\_

Work phone \_\_\_\_\_ Address \_\_\_\_\_

Closest living relative (or emergency contact) \_\_\_\_\_ relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Two References (employers, professors, supervisors):

1) Name \_\_\_\_\_ Position \_\_\_\_\_

Email (preferred) \_\_\_\_\_ Phone (USA only) \_\_\_\_\_

2) Name \_\_\_\_\_ Position \_\_\_\_\_

Email (preferred) \_\_\_\_\_ Phone (USA only) \_\_\_\_\_

Educational Background \_\_\_\_\_

Office Skills (typing, computer, etc.) \_\_\_\_\_

Trade Skills (carpentry, chain link, welding, etc.) \_\_\_\_\_

Animal Experience, Hobbies, Other Skills \_\_\_\_\_

What languages do you speak, other than English? \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Other volunteer service (organizations, board positions, etc.) \_\_\_\_\_

Alan Richard Mootnick, Director

P.O. Box 800249, Santa Clarita, CA 91380 • Tel: 661.296.2737 • Fax: 661.296.1237

email: [gibboncenter@earthlink.net](mailto:gibboncenter@earthlink.net) • website: <http://www.gibboncenter.org>

501(c)(3) Federal tax exemption number 95-4256306

RESEARCH • CONSERVATION • EDUCATION



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Have you ever been away from home for at least a month? \_\_\_\_\_

What do you expect to do here & what do you hope to gain from your experience at GCC?

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I am volunteering as (please check one): Assistant Primate Keeper \_\_\_ Center Assistant \_\_\_ Clerical Assistant \_\_\_

as a Resident Volunteer (live at GCC at least 1 month) \_\_\_ or as a Day Volunteer (commute from home or other nearby location) \_\_\_, on a regular basis \_\_\_ or as needed \_\_\_ (may select both).

When do you want to come? (1st choice) \_\_\_\_\_ (2nd choice) \_\_\_\_\_

I am currently a member of AZA \_\_\_\_, AAZK \_\_\_\_, ASP \_\_\_\_, other \_\_\_\_\_

Have you ever been convicted of any crime? \_\_\_\_\_ If yes, please explain when, where, and disposition of case (use reverse if needed):

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Have you ever had any injuries or physical, sensory or mental disabilities or restrictions? \_\_\_\_\_ Please

explain (use reverse side if needed): \_\_\_\_\_

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Do you have a suppressed/compromised immune system? \_\_\_\_\_

NOTE: A fee is required to volunteer (see "Information for Volunteers--Costs"). You must include a copy of health insurance and your driver's license or other photo ID (such as a passport) with this application. (This is to prove who you are—we do not discriminate on the basis of race, sex, religion or national origin.) Do not fax these.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(No smoking is permitted at GCC)

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