

Volunteer Information Form

Instructions

Please fill in the information below and submit form to the OWCN Volunteer Coordinator or by facsimile (530) 752-3318.

Personal Contact Information

First Name Last Name M.I.

Address

Address (cont'd)

City State Zip Code County

Day Phone Evening Phone Mobile Phone

OWCN Affiliation

Staff Volunteer

Emergency Contact Information

Name Relationship

Day Phone Evening Phone

Skills (1=No experience, 2=Performed once, 3=Some Experience, 4=Extensive Experience)

Animal Handling (Rank Skill Level and Check Animals)	Non-animal Handling (Rank Skill Level)
<input type="checkbox"/> Bleeding: Avian Marine Mammal	<input type="checkbox"/> Clerical
<input type="checkbox"/> Intake: Avian Marine Mammal	<input type="checkbox"/> Communication System
<input type="checkbox"/> Stabilization: Avian Marine Mammal	<input type="checkbox"/> Computer Data Entry
<input type="checkbox"/> Washing: Oiled Avian Marine Mammals	<input type="checkbox"/> Construction
<input type="checkbox"/> Animal Food Preparation	<input type="checkbox"/> Electrician
<input type="checkbox"/> Handling: Avian Marine Mammal	<input type="checkbox"/> IT
<input type="checkbox"/> Gavaging: Avian Marine Mammal	<input type="checkbox"/> Plumber
<input type="checkbox"/> Drying Room: Avian Marine Mammal	<input type="checkbox"/> Heavy Equipment Operator
<input type="checkbox"/> Pools: Avian Marine Mammal	<input type="checkbox"/> Medical Laboratory Technician
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Additional Training Completed

<input type="checkbox"/> Basic Skills Training	Date Completed	<input type="text"/>
<input type="checkbox"/> Advanced Skills Training	Date Completed	<input type="text"/>
<input type="checkbox"/> Continuing Education Training	Date Completed	<input type="text"/>
<input type="checkbox"/> Health and Safety Training	Date Completed	<input type="text"/>
<input type="checkbox"/> HAZWOPER 24 hour Training	Date Completed	<input type="text"/>
<input type="checkbox"/> 8 hour Refresher (HAZWOPER)	Date Completed	<input type="text"/>
<input type="checkbox"/> Oil Spill(s), please list: _____		