



P.O. Box 821, Stillwater, MN 55082 • Phone: 651-275-0568 • Fax: 651-275-0457

E-mail: volunteers@maars.org • Web Site: www.maars.org

Thank you for volunteering your time to help MAARS birds!

<b>Contact Information</b>	on			
Name				
Address				
City				
State		Zip Code		
Phone				
Cell Phone		_ E-mail		
Emergency Contact	A.M. Phone		_ P.M. Phone	
Volunteer Interest	s & Expertise			
Are you 18 years of age o	r older? □ Yes □ No			
When are you able to volu	inteer? (Please check all that apply)			
☐ Mon 9 am–2 pm ☐ 1	Tues 9 am-2 pm ☐ Wed 9 am-2 pm	☐ Thurs 9 am–2 pm	☐ Fri 9 am–2 pm	☐ Sat 10 am–3 pm
☐ Mon 5 pm—10 pm ☐ ☐	Tues 5 pm-10 pm ☐ Wed 5 pm-10 pm	☐ Thurs 5 pm–10 pm	☐ Fri 5 pm–10 pr	n □ Sun 10 am–3 pm
How often would you be a	vailable to volunteer? ☐ Once per weel	k □ Twice per week □	Every other week	□ Other
Would you be available or	n-call for emergencies? ☐ Yes ☐ No			
Would you be available to	transport birds and/or cages? ☐ Yes	□ No		
Do you own a: ☐ Pick-up	Truck □ Van □ SUV?			
Are you interested in volui	nteering in other areas besides Direct Bir	rd Care? □ Yes □ No		
If yes, what areas interest	you? (Please check all that apply)			
☐ Education/Outreach	☐ Placement/Applicant Screening	☐ Fundraising/Specia	al Events	□ Media/PR
☐ Foster Care	☐ Membership	☐ Administration/Dat	a/Statistics	
How did you learn about N	MAARS?			
Why do you wish to becor	ne a MAARS Volunteer?			

What do you hope to gain from you	r volunteer experience?		
What skills do you possess that mig	ht be an asset to MAARS?		
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	have you in the past? ☐ Yes ☐ No d when did you acquire them?		
if yes, what species, now many, and	when did you acquire them?		
What experience do you have work	ing with animals and/or birds?		
Are you or have you ever been a hr	eeder of birds or other animals? ☐ Yes	□ No. If yes, please explain:	
Are you or have you ever been a bi	ceder of bilds of other animals: 12 123	a No II yes, please explain.	
	to attend a Basic Bird Care Class (offered . Will you be able to meet these requirem		e exceptionally
reliable, responsible, and committee	1. Will you be able to meet these requirem	ста: В тез в то т теазе ехратт.	
	on I have provided above is truthful and ony in the State of Minnesota or any oth		
	n, State, Province, Municipality, or Milita		<del>-</del>
Applicant's Signature	Print Applicant's Name	Date	