

# VOLUNTEER APPLICATION FOR TEXAS WILDLIFE ASSOCIATION

Please print or type all information.

Name \_\_\_\_\_  
First Middle Last

Mailing address \_\_\_\_\_  
Street/PO Box City State Zip

Email address \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Evening ( ) \_\_\_\_\_

Graduated /Attended College: Yes / No (circle one) Degree Achieved: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you a member of the Texas Wildlife Association? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to volunteer as a: (place a check beside appropriate areas)

\_\_\_\_\_ Instructor \_\_\_\_\_ General Assistant \_\_\_\_\_ Other

Where would you like to volunteer? Please select all that apply.

- |                           |                                |                              |
|---------------------------|--------------------------------|------------------------------|
| _____ Youth Education     | _____ Wildlife By Design       | _____ Educational Trunks     |
| _____ Distance Learning   | _____ Trinity River LANDS      | _____ LANDS Intensive        |
| _____ Adult Education     | _____ Conservation Initiatives | _____ Texas Youth Hunting    |
| _____ Texas Youth Hunting | _____ Texas Big Game Awards    | _____ Public Policy/Advocacy |

Please list any skills you feel would be a benefit to TWA: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe other volunteer experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe your wildlife/conservation experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your motivation to be a TWA volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any experiences you have had with natural resources education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony e)? Yes\_\_\_ No\_\_\_ (If yes, please explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you certified in first aid or CPR? Yes\_\_\_\_\_No \_\_\_\_\_

If so, please specify in what area \_\_\_\_\_

Expiration Date\_\_\_\_\_ Certifying authority (Red Cross/AHA)\_\_\_\_\_

Physical Limitations/Special Requirements or Handicaps/Pertinent Medical Information: \_\_\_\_\_

SPECIAL MEDICATIONS: YES\_\_\_\_\_NO\_\_\_\_\_. If yes, list generic name of drug(s) and/or medication, along with name and phone number of physician, dosage, consumption rate and interval:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTIFY STAFF IF THERE ARE ANY CHANGES TO YOUR MEDICAL CONDITION.

References: List two persons not related to you who have a definite knowledge of your qualifications. Must include complete address and phone number.

Name\_\_\_\_\_ Phone number ( )\_\_\_\_\_

Mailing address \_\_\_\_\_  
Address/PO Box City State Zip

Name\_\_\_\_\_ Phone number ( )\_\_\_\_\_

Mailing address \_\_\_\_\_  
Address/PO Box City State Zip

*I fully understand that, in order to protect myself and the Texas Wildlife Association, I may be investigated prior to my appointment as a TWA Volunteer. I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a TWA Volunteer. If selected as a Volunteer, I agree to abide by the philosophies of the TWA and to fulfill the volunteer responsibilities to the best of my ability.*

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

**If you have any questions or would like further information, please contact us at (800) 839-9453.**

Please complete this form and return to:

Texas Wildlife Association  
ATTN: Leslie Wittenburg  
3660 Thousand Oaks Dr., Ste. 126  
San Antonio, TX 78247

Or fax it to: 210-826-4933

Or email it to: [lwittenburg@texas-wildlife.org](mailto:lwittenburg@texas-wildlife.org)