**Registration of Interest for Volunteering (Wildlife Shooter)**

| **\*Name** |  | |
| --- | --- | --- |
| **\*Phone** |  | |
| **\*Email** |  | |
| **\*Facebook “name”** |  | |
| **\*Address** | **\*Post Code** | |
| **\*To volunteer you need to be over 18 years of age. Please confirm if you are > 18 and your date of birth** | Yes / No | DOB |
| **Why do you want to volunteer with SOWFI?** |  | |
| **Do you currently work with another wildlife organisation?** |  | |
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|
| **\*Which days are you available?**  **(Please circle)** | Monday Tuesday Wednesday Thursday | |
| Friday Saturday Sunday | |
| Daytime only After hours during the week | |
| Weekends only | |
|  | |
| **\*If yes, how far are you prepared to travel for rescues?** | Within 10 kms | |
| Within 20 kms | |
| Within 30 kms | |
| Within 50 kms | |
| I can drive anywhere | |
| **\*Do you have a Police Clearance? (Please tick)**  **\*Do you agree to apply for and share your police clearance results with SOWFI?** | Yes  Yes | No  No |
| **Please note: all permits required for owning and operating a firearm are your responsibility.**  **Please attach your Firearms Licence with this application showing Category 12 a - humane euthanasia of wildlife approved by Registrar.** | | |
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|
| **\*Signature** | **\*Date** | |

Please email this form to: membership@saveourwildlife.org.au