



Marine Mammal Care Center Los Angeles

Seasonal Volunteer Application

Name: _____ Date: _____

Address: _____

City/Zip _____ Home Email: _____

Home Phone: _____ Cell Number: _____

Occupation: _____ Birth Date: _____

Please list any specialized training or skills _____

Have you had a tetanus shot within the past 10 years? _____ Yes _____ No

Are you covered under a personal or family medical plan? _____ Yes _____ No

Have you previously applied or volunteered for our organization? _____ Yes _____ No

Emergency Contact:

Name: _____ Phone: _____

Volunteers are responsible for their own transportation and medical insurance. Volunteers are not covered by workman's compensation insurance. Volunteers are required to sign a General Release form and submit with this application which waives any liability of the Marine Mammal Care Center Los Angeles should you be injured while at the Center or while performing duties.

_____ (Initial) Applicants are responsible to authorize MMCC LA and pay \$39 for a criminal background to be performed prior to providing volunteers services.

Please select what areas you are interested in and the days you are free.

_____ **Morning shift - 7 AM - 10 AM**

Laundry: washing blankets and towels used to keep animals warm overnight

Fish: Sorting fish for daily feeds

Dishes: cleaning and disinfecting dishes and feeding tubes

Kennel Cleaning: Clean and sanitize empty kennels used to hold animals

_____ **Afternoon shift - 11 AM - 1 PM**

Dishes: cleaning and disinfecting dishes and feeding tubes

Kennel Cleaning: Clean and sanitize empty kennels used to hold animals

_____ **Evening shift - 3 PM - 7 PM**

Dishes: cleaning and disinfecting dishes and feeding tubes

Kennel Cleaning: Clean and sanitize empty kennels used to hold animals

_____ **Recorder - 8 AM - 11 AM**

Record notes in patient charts from feed notes

Available Days:

_____ **Monday**

_____ **Tuesday**

_____ **Wednesday**

_____ **Thursday**

_____ **Friday**

_____ **Saturday**

_____ **Sunday**