

## **CHIMPS, INC. Volunteer Application**

Chimps Incorporated is a non-profit wildlife sanctuary, located in Bend, Oregon. It was founded by Lesley Day in 1995, in response to her commitment for the care and well-being of all animals. Our private sanctuary is home to eight chimpanzees and two Siberian lynx. Chimps Inc. offers a safe haven and refuge for animals that have come from a variety of situations: roadside zoos, the entertainment world, and former pets.

Chimps Inc requires each volunteer to dedicate 4 hours each week to the sanctuary and its residents. Volunteers are expected to be present on a designated day each week. They are also assigned to a morning or afternoon shift. Morning volunteers should arrive at 8:00 a.m. and afternoon volunteers should arrive at 1 p.m.

Volunteers will be responsible for cleaning animal enclosures, creating enrichment, preparing diets, washing dishes and laundry, gardening, assisting fundraisers and otherwise maintaining the facility. It is imperative that each volunteer improves his/her knowledge of chimpanzee behavior and conservation in order to serve as an ambassador of Chimps Inc. to the rest of the community.

Send To: Chimps, Inc.  
P.O. Box 6973  
Bend, Oregon 97708-6973  
541-330-8159

Date: \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF  
BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL  
ADDRESS \_\_\_\_\_

HOME NUMBER (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

IN A ONE OR TWO PAGE PERSONAL STATEMENT PLEASE TELL US:

1. Your Background
2. How did you hear about Chimps Inc.?
3. Why do you want to volunteer for Chimps Inc.? What are your expectations?
4. What do you expect to gain from Chimps Inc.?
5. What skills can you offer Chimps Inc. (typing, computer, ASL carpentry skills etc)
6. Have you ever worked with animals or children?
7. Do you have any physical or psychological limitations that might hinder you from participation in some activities (heart condition, back injury, allergies etc.)?

**MANDATORY FOR THE PROTECTION OF THE CHIMPS:**

Date of last TB Test \_\_\_\_\_(must be current)

Date of last Tetanus shot \_\_\_\_\_

Date of Hepatitis "B" 3 shot series \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

A copy of the front and back of your health insurance card needs to be included with your application.

PLEASE LIST TWO REFERENCES AND THEIR CONTACT INFORMATION

**PLEASE MARK BELOW YOUR PREFERRED DAYS FOR VOLUNTEERING**

\_\_\_\_\_ MONDAY THROUGH FRIDAY

\_\_\_\_\_ SATURDAY

\_\_\_\_\_ SUNDAY

\_\_\_\_\_ WORKING OUT OF YOUR HOME

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