VOLUNTEER APPLICATION

LEMUR CONSERVATION FOUNDATION  
PO BOX 249, MYAKKA CITY, FL 34251

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AM WILLING TO DO THE FOLLOWING:**

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| --- | --- |
| \_\_ Mow the lawn \_\_ Prepare diets  \_\_ Pickup and deliver produce  \_\_ Gardening or landscaping  \_\_ Maintain forest trails | \_\_ Enter data \_\_ Repair and maintain infrastructure  \_\_ Filing and office work  \_\_ Computer repair or maintenance  \_\_ Assist at events |
|  |  |

Please send this questionnaire or questions to [akoproject@lemurreserve.org](mailto:akoproject@lemurreserve.org)

**\*\*PLEASE NOTE: ALL volunteers *ASSISTING with Animal care* ARE REQUIRED TO HAVE TB TESTS AND MUST PROVIDE PROOF OF COMPLIANCE ANNUALLY\*\***