



The Gabriel Foundation®
1025 Acoma Street
Denver, CO 80204

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www.thegabrielfoundation.org

VOLUNTEER APPLICATION

Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (C) _____ Email _____

Best way to reach you _____ Are you a current member of TGF? _____

Are you over 18? YES NO

Persons under 18 must have application co-signed by a parent or guardian. Children ages 13-16 must be accompanied by a parental volunteer at all times.

What do you hope to gain from your volunteer experience with The Gabriel Foundation?

Why The Gabriel Foundation? _____

Bird Experience History:

What species? _____

Aviculture or hobbyist? _____

Where, when and how long? _____

With whom have you worked or studied? _____

Avian related courses or conferences attended _____

Personal flock _____

Which avian vet do you work with? _____

Previous volunteer experience (include supervisor names and contact info) _____

Limitations (physical or other) – please explain: _____

Volunteers are required to complete to a minimum of 24 hours to receive a discount at The Birdbrain.

Days of week available: _____

Hours preferred: _____
How many days per week _____ days per month _____ available

Areas of interest (circle all that apply) Outreach Education Adoption
Meet the Birds Bird care Aviary operations Construction/maintenance
Landscaping/gardening Office work Transportation
Other (specify) _____

Education & Employment History:

May we contact your current employer? YES NO Provide info _____

*"Many have forgotten this truth, but you must not forget it. You remain responsible, forever, for what you have tamed".
Antoine de Saint - Exupery*