



CONSERVE. CARE. CONNECT.

~ WILD ANIMAL VOLUNTEERS APPLICATION FORM ~

**INTERNS MUST NOT USE THIS FORM, PLEASE CONTACT US FOR THE INTERN APPLICATION FORM**

|  |  |  |             |
|--|--|--|-------------|
| First Name   |  | Surname/Family Name                            |             |
| Date of Birth  |  | Age  | Male/Female |
| Home Address   |  |  |             |
| Postal Address   |  |  |             |
| Home Phone   |  | Mobile Phone                                   |             |
| Country Dialing Code   |  | E-Mail address                                 |             |
| Residing Country   |  | Occupation                                     |             |
| <b>PASSPORT DETAILS - NB Please attach a copy</b>  |  |  |             |
| Passport Number  |  | Country  |             |
| Place and Date of Issue  |  | Expiry Date                                    |             |
| <b>WHEN WOULD YOU LIKE TO BE WITH US?</b>  |  |  |             |
| Date of Arrival (should be a <b>Monday</b> )   |  | Date of Departure (should be a <b>Monday</b> ) |             |
| <p><b>Please note that you may request alternative dates that are NOT on a Monday however an extra fee may need to be charged for transport to/from George: Additional comments/enquiry regarding dates:</b></p> |  |  |             |
| <b>DIET</b>  |  |  |             |
| Do you have any specific dietary requirements or allergies? (please note that a daily surcharge may apply for special diets)   |  |  |             |



T: +27 (0)44 272 5593  
 F: +27 (0)44 272 4167  
[www.cangowildlife.com](http://www.cangowildlife.com) / [www.wildanimalvolunteers.com](http://www.wildanimalvolunteers.com)

Directors:  
 AE Eriksen (Managing) G Eriksen H du Plessis  
 Assistant Directors:  
 T Moutl A Greeff N Beukes  
 Reg. No. 1988/003501/07





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**OTHER**

|  |
|--|
| T-Shirt size in cm's or inches <b>OR</b> Small, Medium, Large, etc   |
| How did you hear about us/find us? (please be as specific as possible, thank you!)   |
| What are your hobbies and interests?   |
| Do you have any special talents <b>that you are prepared to let us make use of</b> whilst you are here? (eg artist, sign-writer, building, carpentry etc)? |
| Any previous experience with animals? (please give detailed information)   |
| Anything else you feel you would like comment on or enquire about?   |

**EMERGENCY CONTACT INFORMATION:**

|   |                 |
|---|-----------------|
| Emergency Contact's Name  | Relation to you |
| Emergency contact's physical address                                    |                 |
| Emergency contacts phone including country code: (e.g. 0044 2737 33821) |                 |

**MEDICAL INSURANCE INFORMATION:**

|  |  |
|--|--|
| Medical Insurance company name   | Medical insurance policy/membership number |
| 24 hour emergency telephone number, including country code (eg 0044 273733821) |  |
| Known medical conditions <b>INCLUDING</b> any known <b>allergies</b>           |  |
| Current Medication   |  |

**Please note that you need to provide us with proof of your medical insurance cover. Without the correct cover, you will not be allowed to take part in our program.**

**Please also note that your personal information is kept confidentially by us. Your medical information is required by us in the unlikely event that you are unable to speak for yourself and need emergency treatment.**



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