



Story Book Farm Primate  
Sanctuary  
Sunderland, ON • 416-816-4800  
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[www.storybookmonkeys.org](http://www.storybookmonkeys.org)

## VOLUNTEER INFORMATION FORM

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

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers Licence #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### **Emergency Contacts**

#### **Emergency Contact 1**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### **Emergency Contact 2**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**MEDICAL INFORMATION** (use the back of the sheet if required)

OHIP #: \_\_\_\_\_

Please list any known allergies to medication: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Current Physician: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Current medications: \_\_\_\_\_

Please list all previous inoculations: \_\_\_\_\_

Anything else medical personnel should be aware of? \_\_\_\_\_

Please explain your interest in working with our sanctuary. \_\_\_\_\_

\_\_\_\_\_

Please outline any experience you have with animals as well as any primate experience.

\_\_\_\_\_

\_\_\_\_\_

Please outline any animal organizations you have been involved with.

\_\_\_\_\_

\_\_\_\_\_

Please provide the goals you hope to achieve at the sanctuary (if any).

\_\_\_\_\_

\_\_\_\_\_

Do you have a recent Criminal Information Request?      YES      NO

Have you ever been arrested or charged by the police?      YES      NO

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Please provide three references and their contact information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_