



**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF NATURAL RESOURCES
WILDLIFE DIVISION**

Application for Standard Volunteer Wildlife Rehabilitator Appointment

Part I: Applicant Information

| | | | |
|-------------------|-----------------|-----------|--|
| Name: | | | |
| Mailing Address: | | | |
| City/Town: | State: | Zip Code: | |
| Date of Birth: | E-Mail Address: | | |
| Telephone Number: | ext. | Fax: | |

Part II: Rehabilitator Information

| | | | |
|---|---------|-----------|------------|
| 1. Name the Specific Location Where Activities Will be Conducted (i.e., home, nature center, etc.): | | | |
| Street Address or Description of Location: | | | |
| City/Town: | State: | Zip Code: | |
| 2. If you are affiliated with an organization, please complete: | | | |
| Organization Name: | | | |
| Mailing Address: | | | |
| City/Town: | State: | Zip Code: | |
| 3. Briefly describe your qualifications and relevant experience or training: | | | |
| Check here if additional sheets are necessary, and label and attach them to this sheet. | | | |
| 4. Check the appropriate box(es) identifying the animals you are interested in caring for (check all that apply): | | | |
| Birds | Mammals | Reptiles | Amphibians |

Part II: Rehabilitator Information (continued)

5. Briefly describe your facilities including the number and sizes of your cages (provide photos, if possible).

Check here if additional sheets are necessary, and label and attach them to this sheet.

Part III: Certification

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

Signature of Applicant

Date

Name of Applicant (print or type)

Title (if applicable)

Please return this application along with any additional required materials to:

Laurie Fortin, Wildlife Division
Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127
860-424-3011