

**BABY BIRD FEEDER VOLUNTEER
EMERGENCY CONTACT AND AVAILABILITY FORM**

Name _____

Address _____

Phone _____ **E-Mail** _____

Parent/Guardian's Name _____ **Phone** _____

EMERGENCY CONTACT INFORMATION

Please provide names and phone numbers to contact in an emergency. If an emergency arises, we will contact the individuals in the order listed.

	Name/Relationship	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

SIGNATURE

I am the parent or guardian of _____
Name of junior volunteer

I give my permission for the above-named youth to be junior volunteers for the Wildlife In Need Center.

Signature of Parent/Guardian

Date

Do you want to work with a friend? Who? _____

When are you available? Indicate shift preferences by numbering your top 10 choices, please ,with 1 being first choice and 10 being 10th choice.

	<u>Morning 8:30AM-1:00PM</u>	<u>Afternoon 1:00-5:30PM</u>	<u>Evening 5:30-9:00PM</u>
SUNDAY	_____	_____	_____
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SATURDAY	_____	_____	_____