



2013 Baby Bird Feeder Volunteer Application for Minors

Name: _____

Phone (Home) _____ (Cell) _____

Date of Birth: ___/___/___ E-mail: _____

Address: _____ City: _____ Zip: _____

What school do you attend? _____

What grade are you in school? _____

Why do you want to volunteer? _____ personal enrichment _____ school/religious credit

_____ Scout credit _____ interested in an animal career in future

_____ Other, please explain: _____

Please summarize your experience with animals: _____

What do you hope to gain from your volunteer commitment at the Wildlife In Need Center? _____

Safety is a priority for staff and volunteers. Due to certain risks inherent in handling animals, personal health insurance coverage is required to volunteer at the Wildlife In Need Center. Do you (or your child, if applying for someone under 18) have personal health coverage? ___No ___Yes

How did you hear about us? _____ WINC Education program _____ Friend _____ School

_____ WINC newsletter _____ WINC Web site _____ Media story

Other: please explain _____

****Signature is required on reverse side****

**Wildlife In Need Center
Baby Bird Feeder Volunteer Release**

This release signed this _____ day of _____, 20____, by
_____ whose address is _____
_____, State of Wisconsin,

Zip _____, hereinafter referred to as "Releasor", grants to the Wildlife In Need Center, "Releasee" and hereinafter referred to as "WINC", the following Release.

This Releasor, with full legal capacity, in consideration of being permitted as a Volunteer Worker to receive, transport, handle, maintain, and/or rehabilitate wild mammals, birds, reptiles, and amphibians within the WINC Rehabilitation and Education Program, and perform other such volunteer duties as may be required for the operation of the Program, does for itself, its heirs, successors, representatives, insurers, and assigns hereby release and forever discharge the WINC and, its landowners, successors, representatives, staff, Board of Directors, insurers, and assigns of and from any and every claim, demand, action, or right of action, of whatever kind of nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident which may occur as a result of the Releasor's participation as a Volunteer in WINC's Wildlife Rehabilitation and Education Program, whether by negligence or for any other reason.

Releasor acknowledges the hazards of wildlife rehabilitation, which include, but are not limited to, scratches, bites, diseases such as rabies, and property damage and assumes full responsibility for its action when working within the Program and WINC's property.

Releasor further states that it has carefully read this Release, and knows and understands the content hereof, and signs this Release voluntarily and without duress.

IN WITNESS WHEREOF, Releasor has executed this Release on the day and year first written.

Releasor Signature

Authorized Signature of WINC

(Print name)

(Print name)

If above Releasor is a minor, the guardian must complete the following:

The undersigned, being the legal guardian of the above named minor, does hereby permit the said minor child to volunteer at the WINC and does hereby personally release the above WINC on behalf of him or herself and such minor. I certify that my child is covered under my health insurance policy should injury or illness take place while volunteering or participating and I will be responsible for his/her medical bills.

Guardian's Signature

(Print name)

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

Volunteer Name _____

Address _____

Phone _____

E-Mail _____

Parent/Guardian's Name _____

Parent/Guardian's 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 minor volunteer

I give my permission for the above-named child to be a volunteer for the Wildlife In Need Center.

Signature of Parent/Guardian

Date

Shift Availability

Please list any friends or family members you wish to volunteer with on a shift.

When are you available to volunteer? Indicate shift preferences and days by numbering your top 10 choices with 1 being first choice and 10 being last choice.

	Morning 8:30am-1:00pm	Afternoon 1:00pm-5:30pm	Evening 5:30pm-9:00pm
Sunday	_____	_____	_____
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____

Are you a returning baby bird feeder that has volunteered at WINC in previous years?

_____ yes _____ no