



For office use only

Orientation Date Attended: _____ Docs Complete (Y/N): _____

Training Date Started: _____ Trainer: _____

Training Date Completed: _____ Staff Approval: _____

2022 Adult Volunteer Application And Release

1. Name _____ Phone (Cell) _____

Phone (other) _____ Email _____

Home Address _____ City _____ Zip _____

Current Occupation _____ Employer Name _____

Date of Birth (to verify at least 18 yrs of age) ____/____/____

Education Background _____

Emergency Contact _____ Phone _____

2. Why do you want to volunteer? (*please check one*) Personal enrichment _____ School credit _____

Required community service _____ Other _____

3. Please summarize your experience with animals _____

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

5. In which areas are you interested in volunteering (*please check all that apply*):

Animal Care _____ Office _____ Education* _____ Grounds & Maintenance _____

**please note that you must volunteer in Animal Care or the Office for minimum of 3 months prior to volunteering in the Education Department*

6. Do you have any limitations involving allergies, reading, bending, kneeling, climbing stairs, standing for extended time, lifting 40 lbs., etc.

No ___ Yes _____

7. Have you been convicted of a misdemeanor or felony in the last 7 years? No ___ Yes ___ (Conviction may not necessarily disqualify you from volunteering. We may conduct a background check, and if you do not provide complete and truthful information, you could be rejected or terminated.)

If yes, please explain _____

8. PLEASE NOTE: Safety is our number one 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 have personal health coverage? YES _____ NO _____

9. How did you hear about us? Newspaper _____ Friend/Volunteer _____

Our TRACKS newsletter _____ Our Web site _____ Media story _____

Volunteer Center of Waukesha _____ At our education programs _____

Other _____

10. When is your availability to volunteer for a shift (please note hours change depending on season)?

- Morning shift (9am-1pm fall, winter, spring; 8:30am-1pm summer)
- Afternoon shift (1:30pm-5:30pm fall, winter, spring; 1pm-5:30pm summer)
- Evening shift (summer only; 5:30pm-9:30pm)

Please indicate top 3 choices.

Day of week (S,M,T,W,TH,F,SA) Shift (morning, afternoon, evening-summer only)

1. _____

2. _____

3. _____

Wildlife In Need Center
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, it's 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.

Releasor has executed this Release on the day and year first written.

Volunteer:

Acknowledged by WINC:

Signature

Authorized Signature

(print name)

(print name)

Connecting People and Wildlife through Rehabilitation, Education and Research since 1994

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