For Office Use Only	Returning: [Y] [N]	Minor: [Y] [N]	
Date Rec:	Orientation Date:	Date Contacted:	Scheduled:

2023 Adult and Minor Baby Bird Feeder Volunteer Application

Name: _____

Phone (Primary) _____ (Secondary) _____

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

Home Address: _____

City: _____ ZIP _____

Why do you want to volunteer? Personal enrichment_____ School/Religious Credit_____

Scout Credit_____ Interested in an animal career_____ Community Service Credit_____

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?

_____

_____

_____

How did you hear about us? Friend_____ School/Job_____ Media story_____

WINC TRACKS newsletter _____ WINC Web site_____ WINC Education program_____

Volunteer Center of Waukesha _____

Other: please explain _____

_____

Shift Availability and Scheduling

When are you available to Volunteer? Please indicate your shift preferences below by numbering your top 10 choices, with 1 being your most preferred and 10 being your least.

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

Are you a returning Baby Bird Feeding Volunteer at WINC? **Yes**_____ **No**_____

Date Available to start: _____ Date you wish to end: _____

Please list any known vacations or dates you will be unavailable this summer.

_____

_____

Please list the names of up to 4 friends or family who you wish to volunteer with on your shift**.**

_____ _____

_____ _____

PLEASE NOTE: 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**

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

_____
_____
_____
_____

Do you have any issues with steadiness of your hands or limitations involving allergies, reading, bending, kneeling, climbing stairs, standing for extended time, lifting 40 lbs., etc.

_____ **No** _____ **Yes** If yes please explain

_____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACTS

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

Name and Relationship	Primary Phone	Secondary Phone

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 at the Wildlife in Need Center.

_____

Signature of Parent/Guardian & Date

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, 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.

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)