



*For office use only*

Orientation Date Attended: \_\_\_\_\_ Docs Complete (Y/N): \_\_\_\_\_

Training Date Started: \_\_\_\_\_ Trainer: \_\_\_\_\_

Training Date Completed: \_\_\_\_\_ Staff Approval: \_\_\_\_\_

# 2020 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*

W349 S1480 S. Waterville Rd • Oconomowoc • Wisconsin 53066

www.helpingwildlife.org • (262) 965-3090