

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



## 2020 Adult and Minor Baby Bird Feeder Volunteer Application

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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 8:30am 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** \_\_\_\_\_

If so, what was your scheduled shift and would you like it to remain the same if possible?

Last Year's Shift \_\_\_\_\_

Attempt to reschedule as the same shift for this year?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

Date Available to start: \_\_\_\_\_ Date you wish to end: \_\_\_\_\_

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

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

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**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 \_\_\_\_\_

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Do you have any limitations involving allergies, reading, bending, kneeling, climbing stairs, standing for extended time, lifting 40 lbs., etc. \_\_\_\_\_ **No** \_\_\_\_\_ **Yes** If yes please explain

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### EMERGENCY CONTACT INFORMATION

Your Name: \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

### **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)*