



For office use only

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

Volunteer Position: BBF _____ Office Assistant _____

Educ. _____

Other _____

Training Date Started: _____ Trainer: _____

Training Date Completed: _____ Staff Approval: _____

2026 Minor Volunteer Application And Release

Name: _____

Please mark one of the following:

_____ I am a minor age 15-17. I understand I can volunteer alone. My parents/guardians must help me complete this application & release form.

_____ I am a minor age 12-14. I understand I must volunteer with a parent/guardian. My parents/guardians must help me complete this application and release form.

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 _____

Are you a returning volunteer? Yes _____ No _____

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 BBF 8:00am-12:30pm Office 9:00am-1:00pm	Afternoon BBF 12:00pm-4:30pm Office 1:00pm-5:00pm	Evening BBF 4:00pm-8:00pm Office X
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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

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

Please list the names of up to 4 friends or family members 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 of Applicant: _____

Additional signatures for minors:

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
Minor 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.

Volunteer Releasor Signature (Legal adult)

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.

Name of minor volunteer _____

Guardian's Signature _____

Guardian's name printed _____

Date _____