



## Volunteer Application 16 and older

*Please Print Clearly*

<i>Last Name:</i>				<i>Date:</i>	
<i>First Name:</i>					
<i>Address:</i>					
<i>City, State, Zip</i>					
<i>Phone Numbers:</i>	<i>Home:</i>		<i>Cell:</i>		
	<i>Work:</i>		<i>Other:</i>		
<i>Email Address:</i>					
<i>Birthday</i>			<i>Date of Last Tetanus</i>		

### Areas of Interest

#### **Age Requirements: 16 and older**

*There will be no direct animal care until the first month of volunteering has been successfully completed. This is subject to waiver at the Director/Boards discretion.*

### Availability

**The minimum requirement is 8 hours a month. Please indicate when you are available to volunteer.**

Mornings: up to 5 hrs    Afternoons: up to 5 hrs

**Indicate which days you are available including weekends.**

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Would you be willing to be on call to assist facility needs? \_\_\_\_ If so when? \_\_\_\_\_

*Please tell us about yourself. List your educational background, volunteer or work experiences, hobbies and interests:*

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**How did you become interested in volunteering at OtterSpace Wildlife?**

- ☐ Volunteer/Intern (Who? \_\_\_\_\_)
- ☐ Radio

- ☐ Newspaper
- ☐ Other \_\_\_\_\_

**Person(s) to contact in case of an emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_ Drug: \_\_\_\_\_ Other: \_\_\_\_\_

Medical Conditions (we should know about): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Volunteer Liability Release and Agreement Form**

I agree to volunteer with **OtterSpace Wildlife**, a non-profit organization dealing with the treatment and care of injured, orphaned, displaced wildlife. I understand that all wild animals are unpredictable and dangerous, even when healthy, and an injured animal is likely to be even more so. I understand and accept these risks. Risks that may be encountered include, but not limited to, are: bites, abrasions, broken bones, bruises, eye injuries, illness, and other physical and mental injury including the risk of catastrophic injury or death.

I understand that I am required to provide my own health and accident insurance and agree to do so. I understand and agree that OtterSpace Wildlife is not responsible for any medical expense that I may incur due to any injury, exposure, or illness sustained from or while volunteering. Getting tetanus shots and keeping them current is a personal health care decision that should be discussed with my health care professional. Concerns about transmitting parasites and pathogens to my companion animals should be discussed with my veterinarian. I understand that following good work practice controls is my responsibility.

I hereby release OtterSpace Wildlife and their officers, directors, and agents from any and all liabilities related to any accident or injury, which may incur by working with or for this organization in any capacity or at any location. I will be responsible for transporting myself to and from any location necessary to perform my accepted duties.

If volunteer is under 18 years of age signature of parent or guardian is required. If emancipated, volunteer must show proof of emancipation. Guardian/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for OtterSpace Wildlife to use photographs and/or videos of me for promotional purposes.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

***Office use only***

Orientation and/or training time completed by \_\_\_\_\_

Date: \_\_\_\_\_