



**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 16 hours a month. Please indicate when you are available to volunteer.

Mornings: 8 a.m.- noon; Afternoons: noon-5 p.m.; Evenings: 5-8 p.m.

Indicate which days you are available including weekends.

Would you be willing to be on call? _____

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

How did you become interested in volunteering for The Ark Wildlife Care and Sanctuary Inc.?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Volunteer/Intern (Who? _____) | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Radio | <input type="checkbox"/> 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 **The Ark Wildlife Care and Sanctuary Inc.**, a non-profit organization dealing with the treatment and care of injured and orphaned 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 **The Ark Wildlife Care and Sanctuary Inc.** 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 **The Ark Wildlife Care and Sanctuary Inc.** and their officers, directors, and agents from 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 **The Ark Wildlife Care and Sanctuary Inc.** to use photographs and/or videos of me for promotional purposes. Signature _____ Date _____

<i>Office use only</i>	<input type="checkbox"/> Animal Care Related Volunteer
Date of Orientation: _____	By Whom: _____
Date of Basic Training _____	By Whom _____
Training: _____	Date: _____ By Whom: _____
Training: _____	Date: _____ By Whom: _____
Training: _____	Date: _____ By Whom: _____
Training: _____	Date: _____ By Whom: _____