



SHASTA WILDLIFE RESCUE & REHABILITATION INC

530-365-WILD (9453)

www.shastawildlife.org

Dear Potential Volunteer,

Thank you for your interest to aid in our cause to rescue, rehabilitate, and release native injured and orphaned wildlife in our community. We are a non-profit organization always seeking qualified persons who are dedicated, compassionate, and committed to work with us as volunteers in a variety of ways. At our Wildlife Center located in the Anderson River Park in Anderson, CA, over 1,000 animals come through our doors annually. These animals' lives are often threatened and would not survive without our intervention. Our dedicated volunteers are the exceedingly valuable backbone that give these critters a second chance at a wild life.

There are many volunteer opportunities at SWRR. Some volunteers help by organizing fundraisers, reaching out to the community, transporting wildlife, or performing needed clerical and/or bookkeeping work. The majority of our volunteers, however, help by working hands-on with the animals at the Wildlife Center. Those qualified, who choose to volunteer at the Center, commit themselves to a minimum four hour shift once a week between the months of May and August. To work at the Center, hands-on volunteers must demonstrate the ability to meet the following requirements: The ability to stand for long periods, bend, stretch and lift objects of up to 10 pounds. Candidates must also be able to keep a steady hand to feed, clean and care for birds. Volunteers also need to maintain a calm disposition, be able to work independently, and offer considerable patience to care for the animals with compassion and diligence.

All volunteers must become a member of SWRR by paying annual dues. Once your copy of the Membership Application Form is received with your membership dues, (\$20.00 for individual, \$30.00 for family) you will receive an application packet. The application packet includes the Volunteer Application, the Release of Liability, Media Release and the Volunteer Agreement. Forms can be picked up at the Center or downloaded from our website. They can be returned to the Center or emailed/mailed to the address below.

Volunteers must also complete the training seminar held in April of every year along with two hours of continued education annually. Volunteers are also invited to attend our monthly Animal Care Committee (ACC) meetings on the second Monday of every month (February through October). These are currently held at the Anderson City Hall from 6PM to 7:30PM. These meetings are a vital part of our SWRR team working together to learn, share and receive updated training as well as to meet fellow volunteers.

Thank you again for your interest. We look forward to welcoming you into this exciting adventure with us here at Shasta Wildlife Rescue & Rehabilitation.

Please feel free to contact me by email or phone if you have any questions regarding volunteering with SWRR.

Sincerely,

Raven Capozzo
Center Coordinator
PO Box 1173
Anderson CA 96007
530-355-8473 or 530-365-WILD
raven-fairy1@hotmail.com

New Volunteer Membership

NOTE: this form is for first year new volunteers, all others should use the **New Member/Membership Renewal** form.

New Member/New Volunteer Contribution

Class Fee

I am adding \$12 per person for the new volunteer training class, total included: \$ _____

Annual Membership Dues

\$ 20 Student/Individual

\$ 30 Family

Optional Donation

My additional contribution to SWRR of: \$ _____

Applicant Information

Name (s) : _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birth Date (only if under 18): _____

Today's Date: _____



SWRR Volunteer Application

Name: _____ Email: _____

Contact Phone Number(s): _____ Preference: Call Text

Address: _____ Birth Date: (if under 18) _____

City: _____ State: _____ ZIP: _____

How did you hear about volunteer opportunities with SWRR? _____

Why do you want to volunteer with SWRR? _____

Please indicate days and hours you are available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am-noon	8am-noon	8am-noon	8am-noon	8am-noon	8am-noon	8am-noon
noon-4pm	noon-4pm	noon-4pm	noon-4pm	noon-4pm	noon-4pm	noon-4pm.
4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm

Are you willing to substitute for volunteers in need of someone to cover their shift on the day/time you indicate availability? Yes No

(Marking yes will add you to the substitute list on the day(s)/time(s) indicated availability – a volunteer will call prior to their shift to confirm your availability to cover their shift for the day/time requested)

Any restrictions that may affect your ability to volunteer with us? : _____

List skills you may have in wildlife rehabilitation, veterinary experience, etc.: _____

In which activities are you interested in participating (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Birds <input type="checkbox"/> Mammals <input type="checkbox"/> Reptiles | <input type="checkbox"/> Helping Hands |
| <input type="checkbox"/> Building/Construction | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Education Programs | <input type="checkbox"/> Tech Team |
| <input type="checkbox"/> Non-animal care | <input type="checkbox"/> Other (specify) |

Mammal Home Care (not applicable to bird care): To provide mammal home care you must be 18 years old and have completed one successful season with SWRR. You will then receive special training, supervised and approved by a mammal specialist. To work with mammals other than rodents, rabbits, hares and opossums, a pre-exposure rabies vaccination is *required*. The vaccination is *recommended* for working with any mammal.

Would you be interested? Yes No

As a Shasta Wildlife Volunteer, I agree to:

- Become a member of Shasta Wildlife Rescue and Rehabilitation, Inc. (\$20.00 fee)
- Adhere to the organization's philosophy, policies and procedures.
- Attend volunteer training meetings.
- Make every attempt to work all hours as agreed upon.
- **Be prompt and reliable in reporting for scheduled work.**
- Notify Volunteer Coordinator in advance if unable to work as scheduled and **make the initial attempt to find another volunteer to cover the shift.**
- Record all hours of volunteer service and miles traveled.
- Attend 2 hours of continuing education. This is a California Department of Fish and Wildlife requirement. Check with SWRR for the class schedule.

Signature: _____ Today's Date: _____

Parent's signature (if under 18): _____



SWRR EMERGENCY NOTIFICATION INFORMATION

My Name: _____ My Phone Number: _____

My Home Address: _____
Street City State Zip Code

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name(s): _____ Phone Number(s) H: _____
W: _____

Relationship: _____ C: _____

Home Address: _____
Street City State Zip Code

Work Address: _____
Street City State Zip Code

In case I need emergency medical treatment, please notify the following medical doctor:

Doctor's Name: _____

Business Address: _____
Street City State Zip Code

Doctor's Phone Number(s): _____

Hospital Preference: _____
Street City State Zip Code

Note: If you do not list a preference for emergency medical treatment, you will be seen by Shasta Wildlife Rescue's authorized medical provider.

Signature

Date

Parent or Guardian's Signature if minor

Date



Shasta Wildlife Rescue & Rehabilitation, Inc. Media Release

Shasta Wildlife Rescue & Rehabilitation, Inc. and/or assignees, including media, to use my name, photograph, any likeness of myself, or my voice for editorial and/or commercial purposes. I authorize Shasta Wildlife Rescue & Rehabilitation, Inc. to make changes or alterations to my picture and/or use my name or any fictitious name for such purposes.

The intent of Shasta Wildlife Rescue & Rehabilitation, Inc. is to rehabilitate wildlife and to raise public awareness about the value of the connection between people and the natural environment. I do not expect compensation of any kind from Shasta Wildlife Rescue & Rehabilitation, Inc. I understand that, although Shasta Wildlife Rescue & Rehabilitation, Inc. will endeavor to use my photograph or likeness in accordance with standards of good judgment, Shasta Wildlife Rescue & Rehabilitation, Inc. cannot warrant or guarantee that any further dissemination of my photograph or likeness will be subject to its supervision or control. Accordingly, I release Shasta Wildlife Rescue & Rehabilitation, Inc. from any and all liability related to dissemination of my photograph or likeness.

I hereby give my consent to

I hereby do not give my consent to

Date: _____

Print Name: _____

Signature: _____

If volunteer is under 18

Parent Name: _____

Parent Signature: _____



Shasta Wildlife Rescue & Rehabilitation, Inc.

Volunteer Agreement

If appointed to a volunteer position at the Shasta Wildlife Rescue & Rehabilitation Center, I agree to commit myself to arrive on time for my committed shift and to maintain that promised shift throughout the open season at the Shasta Wildlife Rescue & Rehabilitation Center. If I cannot work my committed shift, I understand that it is my responsibility to find my own replacement for my committed shift and to notify the Volunteer Coordinator as far in advance as possible. By signing this agreement, I concede that I am able to stand for long periods, bend, stretch, and lift objects of up to 10 pounds. I am able to keep a steady hand to feed, clean, and care for birds. I will also do my best to maintain a calm disposition, work independently, and offer considerable patience to care for the animals with compassion and diligence.

I understand that, in working at the Shasta Wildlife Rescue & Rehabilitation Center, I may be exposed to zoonotic diseases. I understand that Shasta Wildlife Rescue & Rehabilitation, Inc. recommends that I check with my doctor prior to volunteering with Shasta Wildlife Rescue & Rehabilitation, Inc. to ensure that I am healthy enough to work with wild animals and healthy enough to maintain the physical demands associated with working a typical four-hour shift at the Shasta Wildlife Rescue & Rehabilitation Center.

If appointed to a volunteer position, I agree to serve without reimbursement of any kind and with understanding and agreement that medical insurance is not provided by Shasta Wildlife Rescue & Rehabilitation, Inc. I understand that Shasta Wildlife Rescue & Rehabilitation, Inc. may decline my volunteer application or volunteer services at any time. By signing this agreement, I agree to abide by all the Volunteer/Personnel Policies and Procedures of Shasta Wildlife Rescue & Rehabilitation, Inc.

Print Name: _____

Signature: _____

If volunteer is under 18

Parent Name: _____

Parent Signature: _____

Date: _____



SWRR VOLUNTEER RELEASE OF LIABILITY

This Agreement is entered into this _____ day of _____ (month) _____ (year) between _____ (print first and last name) hereafter referred to as "I" or "Volunteer" and Shasta Wildlife Rescue and Rehabilitation, Inc., hereafter referred to as SWRR and will remain in effect for the duration of Volunteer's participation in any and all activities related to SWRR's programs and services.

1. I agree that neither SWRR, its directors, employees, volunteers, members and/or representatives will be responsible for any injury to Volunteer or their property, nor for Volunteer's loss by fire, theft, delay, electrical or mechanical failure, wildlife or any other cause whatsoever connected with SWRR. I am aware that participation includes potential risks to me of exposure directly or indirectly arising out of, contributed to or by, or resulting from an outbreak of any communicable disease and/or any mutation or variation thereof.
2. I agree to be responsible for, to indemnify and to hold harmless SWRR, its directors, employees, volunteers, members and/or representatives from all claims, liabilities, causes of action and suits accruing or resulting from or arising out of Volunteer's actions and any and all damage, injury or loss to any person or persons on property related to or arising out of Volunteer's actions.
3. I acknowledge that I have read, comprehended and will abide all rules and requirements as stated in SWRR's Volunteer Policy Handbook.

Signature of this Agreement indicates acknowledgment of all terms and responsibilities herein described and implied.

Volunteer's Signature _____ Print Name: _____

Date: _____

Volunteers Who are Minors (Age 16 and under): Signature of Parent or Legal Guardian Required:

Print Minor's Name _____

Parent or Guardian's Signature: _____ Print. Name: _____ Date: _____
