



Shasta Wildlife Rescue & Rehabilitation Inc.

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. Every year, we receive 800-1000 animals in need of assistance. These animals' lives are threatened and they would not survive without our intervention. Our dedicated volunteers are the exceedingly valuable backbone that give these animals a second chance at a wild life. In order to volunteer with our organization, you must be 18 years old.

There are many volunteer opportunities at SWRR. Some volunteers help by organizing fundraisers, reaching out to the community, transporting wildlife, and assisting with education programs and public events. All volunteers are required to work at least one season at our Center in Anderson River Park before joining one of the other specialized teams. The baby bird season runs from May-August, and this is when we staff the Center with volunteers to help feed all of those hungry mouths. We ask for you to work one shift per week, and we run shifts 7 days a week. Our shifts are 4 hours long and there are three per day: 8 am-12 pm, 12 pm-4 pm, 4 pm-8 pm.

Volunteers must demonstrate the following requirements: the ability to follow instructions and work as part of a team, maintain patience with the animals and other volunteers and staff, work independently where applicable, be able to move around the Center easily, maintain a steady hand when feeding and caring for the animals, be willing to do the various cleaning chores that are required to maintain a clean environment and meet protocols for the protection of the animals and the humans. Wild animals can carry a variety of diseases, and some are zoonotic- meaning they can transfer to humans. We must maintain a clean work environment to protect everyone.

All volunteers must become a member of SWRR by paying annual dues (\$20.00 for individual, \$30.00 for family) in order to work under our state and federal permits. This application packet includes the membership form. You can download the packet from the website and either email it to volunteer@shastawildlife.org, or to my personal email listed below, or you can send it in the mail to P.O. Box 1173 Anderson, CA 96007. Once your application has been reviewed, I will contact you via phone to set up an orientation date. We train on the job as we go through the season.

Thank you for your interest in joining our team. We look forward to welcoming you into this exciting adventure with us here at Shasta Wildlife Rescue & Rehabilitation. Please feel free to contact me if you have any questions regarding volunteering.

Sincerely,

Raven Jeanne Capozzo
General Manager
Shasta Wildlife Rescue & Rehabilitation
raven-fairy1@hotmail.com
(530) 355-8473

Wildlife Conservation Through Rehabilitation

Shasta Wildlife Rescue & Rehabilitation Inc.

New Volunteer Membership

Please note: this form is for first year new volunteers. All others should use the **New Member/Membership Renewal** form.

All volunteer applicants must be 18 years old.

Annual Membership Dues

_____ \$20.00 Individual

_____ \$30.00 Family

Optional Donation

My additional contribution to SWRR \$ _____

Applicant Information

Name(s): _____

Address: _____

City, State: _____ Zipcode: _____

Phone: Home (____) _____ - _____ Cell (____) _____ - _____

Email: _____

Today's Date: _____

Revised 3/9/2025



Shasta Wildlife Volunteer Application

Name: _____ **Email:** _____

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

Address: _____

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 to volunteer

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am-12pm	8am-12pm	8am-12pm	8am-12pm	8am-12pm	8am-12pm	8am-12pm
12pm-4pm	12pm-4pm	12pm-4pm	12pm-4pm	12pm-4pm	12pm-4pm	12pm-4pm
4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm

Do you have any restrictions that may affect your ability to volunteer with us? _____

If yes, please explain: _____

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

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

Animal Care Fundraising Tech Team Building/Construction Events

Please note that before you may join a specialized team you are required to work one season at the Center caring for the animals there under supervision. If you are interested in eventually joining the Mammal Home Care Team, please note that 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. Are you interested in this for the future? Yes No

As a Shasta Wildlife Volunteer, I agree to:

- Become a member of SWRR (\$20)
- Adhere to the organization's philosophy, policies, and procedures.
- Attend volunteer trainings, make every attempt to work all hours agreed upon, be prompt and reliable for scheduled work, record all hours of volunteer service and miles traveled
- Attend continuing education as instructed by SWRR.

Signature: _____ Today's Date: _____

Revised 3/9/2025



SWRR EMERGENCY NOTIFICATION INFORMATION

My Name: _____ My Phone Number: _____

My Home Address: _____ City: _____

State: ____ Zip: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

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

C: _____ W: _____

Relationship: _____

Home Address: _____

Work Address: _____

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

Doctor's Name: _____

Business Address: _____

Doctor's Phone Number(s): _____

Hospital Preference: _____

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: _____

Revised 3/9/2025



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 consent to

Date: _____

Print Name: _____

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 move around easily, am willing to follow directions, and keep a steady hand to feed, clean, and care for birds. I will also do my best to maintain a calm disposition, work as a team or independently, and offer considerable patience for the animals, other volunteers, and staff 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.

Date: _____

Print Name: _____

Signature: _____



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.

Date: _____

Print Name: _____

Signature: _____