



Volunteer Application

Please include a copy of your **current resume** in your application packet.

Volunteer Position: **Rehabilitation**

Name: _____ Today's Date: _____

Date of Birth: _____

Street Address: _____ Town: _____ Zip Code _____

Email Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Occupation: _____

Employer/School (if applicable): _____

Emergency Contact:

Name: _____ Relation: _____ Phone Number: _____

How did you hear about Volunteers for Wildlife?

What attracted you to this volunteer position?

What do you hope to gain from your volunteer experience?

What relevant abilities or skills are you able to offer as a volunteer?

Please describe your previous experience in animal care or other relevant experiences.

Volunteering requires physical work outdoors in all weather conditions. Do you have any physical or medical conditions that would impede you from handling this work?

Rehabilitation volunteer shifts are **8am-12pm two days/week or 8am-4pm one day/week**

Shifts you are available to volunteer (please circle):

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8am-12pm	8am-12pm	8am-12pm	8am-12pm	8am-12pm	8am-12pm	8am-12pm
8am-4pm	8am-4pm	8am-4pm	8am-4pm	8am-4pm	8am-4pm	8am-4pm

How many days per week would you like to volunteer? _____

Are these volunteer hours needed for school, work, community service or any other reason?

If yes, please explain _____

Number of hours required: _____

I verify that, to the best of my knowledge, all of the above information is true.

Print Name: _____ Signature: _____ Date: _____

Please sign the release form:

- Rehabilitation volunteers must be at least 18 years of age.
- The minimum rehabilitation volunteer commitment is 8 hours per week for at least 6 months.
- Volunteers must follow all rules and regulations as stated in the Volunteer Packet.
- Volunteers must adhere to the attendance policy as outlined in the Volunteer Packet.
- Volunteers are not permitted to take pictures of hospital patients or post any pictures on social media without staff permission.
- Volunteers consent to having their image photographed and allow these photos to be used for educational and promotional purposes.
- Volunteers are required to follow instructions and directions given by staff at all times.
- Volunteers may not bring any visitors with them into the hospital.
- Volunteers must adhere to safety protocols and understand Volunteers for Wildlife is not liable for any injuries that may occur.
- Volunteers for Wildlife reserves the right to terminate the volunteer contract at any given time.

By signing below, volunteers understand and agree to follow all of these policies and procedures. Failure to do so may result in immediate dismissal from Volunteers for Wildlife.

Print Name

Signature

Date



Volunteers for Wildlife requests that all volunteers become organizational members. As a non-profit organization, we rely on memberships to continue to operate our wildlife hospital, wildlife garden, and provide education outreach programs.

If you are not selected for a volunteer position, membership can be refunded upon request.

Membership Categories

- | | |
|-------------------------------------|---------|
| <input type="checkbox"/> Individual | \$35 |
| <input type="checkbox"/> Family | \$50 |
| <input type="checkbox"/> Friend | \$100 |
| <input type="checkbox"/> Supporting | \$250 |
| <input type="checkbox"/> Sponsor | \$500 |
| <input type="checkbox"/> Patron | \$1,000 |

Name: _____

Street: _____

Town, State, Zip: _____

Phone: () _____

Email: _____

Please send this form and your check or money order to:

Volunteers for Wildlife 194 Bayville Road Locust Valley, NY 11560

Checks can be made payable to: **Volunteers for Wildlife, Inc.**

All contributions are tax-deductable and deeply appreciated.

Copies of our Audit Finance State are available upon request at:

Dept. of State, Charities Registration, New York, NY 10271