

# *Under My Wing Avian Refuge*

PO Box 233 – Franklin, NJ 07416 – 973-827-7544

## *Volunteer Adoption*

By submitting this application, I am asking to be considered as a volunteer with Under My Wing Avian Refuge. In the event I am accepted as and become a volunteer that my services are provided strictly in a VOLUNTEER capacity. I fully understand and agree to assume all risks involved in any and all duties that I perform for the organization in my volunteer capacity. I fully understand that Under My Wing Avian Refuge expects high standards of moral and ethical treatment of all animals and people including, but not limited to, the animals under its care. I also understand that the organization has a zero tolerance policy against any type of harassment, violence, threat, or intimidation (implied or actual), and against any use of illegal drugs or alcohol. I agree to adhere strictly to these standards and policies. I agree to adhere strictly to these standards in my volunteer capacity. I fully understand and agree to comply with any and all of the obligations outlined in this Volunteer Agreement. For any reason whatsoever, while performing my volunteer services, the organization may terminate my service without cause. On behalf of myself, my heirs, personal representatives, executors, and administrators or anyone else who might claim on my behalf, I hereby release, discharge, indemnify, and hold harmless Under My Wing Avian Refuge, its agents, servants, volunteers, chapters, and Board of Directors from any and all claims, causes of actions, or demand of any nature or cause connected with my Volunteer Agreement and service. I allow Under My Wing Avian Refuge to use any photographs taken of me for use in public relations efforts and hold Under My Wing Avian Refuge harmless for any and all loss or damage to my personal property while performing volunteer services for the organization.

I acknowledge that I have read and fully understand the terms and conditions of the forgoing Volunteer Agreement and that I will comply with same.

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

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

How did you find out about Volunteer Opportunities at UMWAR? \_\_\_\_\_

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Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we phone you at work? Yes \_\_\_\_\_ No \_\_\_\_\_ Hours: \_\_\_\_\_

Education (last year completed): \_\_\_\_\_ Special courses: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Please list any allergies to birds, cats, chemicals or physical, medical, psychological limitations or disabilities that might hinder you from safely participating in any area .

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Are you currently pregnant or do you plan to become pregnant in the near future?

How often would you like to volunteer?

Once/week \_\_\_\_\_ Twice/week \_\_\_\_\_ Every other week \_\_\_\_\_ Special Events \_\_\_\_\_ As needed \_\_\_\_\_

Days of the week are you available (please circle):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available to work: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Overnight \_\_\_\_\_

When will you be ready to begin volunteering? \_\_\_\_\_

Please list any formal education, training, and/or experience in pet care or animal welfare?

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Check all that interest you:

Volunteer Coordinator \_\_\_\_\_ Sanctuary Volunteer \_\_\_\_\_ Special Events \_\_\_\_\_

Fund Raising \_\_\_\_\_ Grant Writing \_\_\_\_\_ Driving \_\_\_\_\_ Other \_\_\_\_\_

(List valid NJ Drivers license & exp. date) \_\_\_\_\_

\*As a volunteer at the sanctuary some of the following tasks will be a part of your regular routine:

Cleaning cages \_\_\_\_\_

Sweeping and Vacuuming \_\_\_\_\_

Handling Birds \_\_\_\_\_

Disinfecting cage & pans \_\_\_\_\_

Cleaning dishes \_\_\_\_\_

Laundry \_\_\_\_\_

Data Entry \_\_\_\_\_

Photo/Video \_\_\_\_\_

Making Bird Toys \_\_\_\_\_

Other \_\_\_\_\_

If unable to perform any of these tasks, please explain: \_\_\_\_\_

\_\_\_\_\_

If you are volunteering through your school, the court system or another agency, please provide name and phone number of contact person and number of service hours required:

\_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony of any kind or of misdemeanor animal abuse within the past seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Have you had a tetanus shot or booster in the last five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Since you may be handling animals, please discuss allergies and current tetanus immunization with your physician.

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