

SHASTA WILDLIFE RESCUE & REHABILITATION INC

530-365-WILD (9453)

www.ShastaWildlifeRescue.com

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 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 yellow 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. It is important to read and understand our [Policies and Procedures Manual](#) prior to completing the green [Volunteer Sign Up Form](#) and the pink [Release of Liability Form](#). 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 required 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 Fire Hall at 6PM to 7PM. 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,

Kim Baxter
Volunteer Coordinator
PO Box 1173
Anderson CA 96007
530-999-8413
Volunteer@ShastaWildlifeRescue.com

New Volunteer Application

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): _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Today's Date: _____

Volunteer Sign up, Information and Preferences

Name: _____ Birth Date: _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____

Contact Preferences (check any) Home Phone: ___ Cell Phone: ___ Email: ___ US Mail: ___

Emergency Contact Person: _____ Phone: _____

Relationship to Emergency Contact Person: _____

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
other	other	other	other	other	other	other

If other, please indicate times available: _____

Any restrictions that may affect your availability: _____

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"/> Birds <input type="checkbox"/> Mammals <input type="checkbox"/> Reptiles
<input type="checkbox"/> Building/Construction
<input type="checkbox"/> Education Programs
<input type="checkbox"/> Non-animal care | <input type="checkbox"/> Fund raising
<input type="checkbox"/> Maintenance
<input type="checkbox"/> Public Relations
<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.
- 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 my Team Leader 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: _____ Parent's signature (if under 18): _____

Today's Date: _____

Last Name (in CAPS): _____

VOLUNTEER - RELEASE OF LIABILITY

WHEREAS Shasta Wildlife Rescue and Rehabilitation, Inc. (hereinafter referred to as SWRR) is a California Non Profit Corporation, and as such performs valuable services;

WHEREAS financial claims or lawsuit(s) against SWRR, its employees or members, would discourage and possibly discontinue the valuable services provided by this organization and organizations like it,

THEREFORE I accept on behalf of myself, heirs, beneficiaries, assigns, agents, child or children, wards, and conservatees, or any and all of them, any and all danger(s) and resulting personal injury (including death) and/or property damage, and I knowingly execute the following Release of Liability after having read and understood the terms thereof.

RELEASE OF LIABILITY: This agreement is entered into

this _____ day of _____ (month), _____ (year), between SWWR and,
_____ (hereinafter referred to as "I" or "volunteer").
volunteer name

In consideration for access to premises under control of SWWR and the opportunity to learn about wildlife rescue and rehabilitation through participating in volunteer activities associated with SWWR, I, on behalf of myself, heirs, beneficiaries, assign, agents, child or children, wards, and conservatees, or any or all of them, do hereby release and discharge SWRR, together with the assignees, directors, officers, agents, employees, members, officials, or any or all of them and their successors from any whatsoever nature or kind arising out of, as a result of, or in connection with said volunteer activities and/or activities occurring on premises under the control of SWWR.

I, on behalf of myself, heirs, beneficiaries, assign, agents, child or children, wards, and conservatees, or any or all of them, do hereby release and discharge SWRR, together with the assignees, directors, officers, agents, employees, members, officials, or any or all of them and their successors, from any and all incidental, or indirect, special or, consequential damages, including but not limited to, the loss of salary or wages or loss of opportunities, of whatsoever nature or kind arising out of, as a result of, or in connection with said volunteer activities occurring on premises under the control of SWRR.

This Release of Liability contains the entire agreement between SWRR and myself and supersedes any previous understanding, commitments, or agreements (oral or written) with respect to the subject matter hereof. This Release of Liability and interpretation thereof shall be governed by the laws of the State of California. **I have read, understand and will abide by Section I of the Policies and Procedures document.**

Representative, Shasta Wildlife Rescue and Rehabilitation, Inc.

Signature

Print Name

Volunteer (Parent/Guardian, if Volunteer is a minor)

Signature

Print Name

