



## Wildlife Rehabilitation Clinic Volunteer Application

1864 Little Brennan Road  
High Ridge, MO 63049  
www.wild-life-rehab.com  
636-677-3670

Full Name:

Date:

Street Address:

City:

State:

Zip:

Home Phone Number:

Cell Phone Number:

Do You Text?

Email Address:

Date of Birth:

In Case of Emergency Contact:

Emergency Contact Phone Number:

Relationship:

Special skills, experience or training that may be beneficial:

List other community organizations for which you volunteer:

Do you have any physical limitations?

Date of your last tetanus shot:

Please select one or more areas of interest:

Animal care: clean, feed and provide care for animal patients. Please select shifts you are available to work (AM shifts are 8:00am-1:00pm; PM shifts are 6:00pm-11:00pm)

Sun AM      Mon AM      Tues AM      Wed AM      Thurs AM      Fri AM      Sat AM

Sun PM      Mon PM      Tues PM      Wed PM      Thurs PM      Fri PM      Sat PM

Maintenance: build cages and housing boxes; general repairs at clinic; grounds maintenance

Fundraising: plan special events, write grants, work booths and special events, contribute to mailings and newsletters

Office work: Answer phones, typing/computer work, mailings

***Please read the Volunteer Waiver and Release Form on the next page. A hard copy and signature will be required of all volunteers. If you are selected to and choose to volunteer, a copy of the Volunteer Waiver and Release Form will be provided to you to sign at your orientation session.***



## Wildlife Rehabilitation Clinic Volunteer Waiver and Release Form

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I \_\_\_\_\_, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Wildlife Rehabilitation Clinic and its agents, employees, officers, directors, affiliates, successors and assigns of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of or for the benefit of, Wildlife Rehabilitation Clinic, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that I will participate in and that the animals that I will care for may be dangerous and may cause serious or grievous injuries, including bodily injury. I understand that I will be in contact with but not limited to squirrels, raccoons, opossums, rabbits, skunks, groundhogs, fox, coyote, and beaver. I understand that as with most animals they may act in an unpredictable way to sounds, movements, other people or other animals that could result in injury. On behalf of myself, my heirs, assign and next of kin, I waive all claims for damages and injuries sustained by me or my property, that I may have against the aforementioned and released party to such activity.

By this waiver, I assume any risk, and take full responsibility and waive all claims of personal injury, death or damage to personal property associated with the Wildlife Rehabilitation Center.

My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I understand that by signing this waiver I am giving up considerable future legal rights. I sign this agreement voluntarily, under no duress or threat of duress, without inducement, promise or guarantee I am 18 years of age or older and mentally competent to enter into this waiver:

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Print Full Name

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Signature

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Date