



# Volunteer Application

Appalachian Wild welcomes volunteers who:

- Share a passion for Appalachian Wild's mission
- Can commit to consistent availability
- Expertise, knowledge or willingness to be trained to complete tasks

Today's Date: \_\_\_\_\_

Birth Month/Day: \_\_\_\_\_

Name (First, Middle Initial, Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

What is the **best way** to reach you? (Check all that apply) Email  Phone: Home  Cell  Work  Text

## Employment

Employer: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

## Emergency Contact Info:

Name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of your last Tetanus Immunization? \_\_\_\_\_ *Recommend every 5 years working with animals*

Allergies to animal products (fur, feathers, scales, dander, stings, saliva, etc.)? Yes /No

If yes, please describe reaction(s):  
\_\_\_\_\_

Do you require an Epi-pen for any allergic reactions? Yes /No

If yes, do you carry an Epi-pen on you at all times? Yes /No

Please inform us of any medications or specific items you may need in case of a reaction:  
\_\_\_\_\_

How much time are you able to consistently commit to volunteering with App Wild?

- Weekly: Days/Times \_\_\_\_\_
- Monthly: Days/Times \_\_\_\_\_
- Other: \_\_\_\_\_

Why are you interested in volunteering with Appalachian Wild:

Please describe any previous experience working with wildlife, domestic, and/or exotic animals:

Please describe any training, education, special skills or knowledge that you will bring to Appalachian Wild as a volunteer:

Please list your involvement with any other community organizations. Please include the organization's name, contact information, your level of involvement, and any other relevant information:

How did you learn about Appalachian Wildlife?

Please indicate the specific type(s) of volunteer work you are interested in at this time:

- Transport/Rescue       Wildlife Rehabilitation       Administrative       Finance
- Outreach & Events    Fundraising       Facility / Maintenance       Leadership
- Live out of area and interested in remote support opportunities



## Volunteer Waiver & Release Form

In consideration of being a Volunteer of Appalachian Wildlife Refuge (hereinafter "AWR"), with regard to its services, activities, events, and programs; I, \_\_\_\_\_ (Volunteer's name), agree to assume full responsibility for any risks, injuries, or damages, known or unknown, resulting directly or indirectly, which I might incur as a result of said Volunteering. I, my heirs, and legal representatives forever release, waive, and discharge AWR, its agents, employees, officers, directors, other volunteers, representatives, and affiliates from any and all responsibilities or liability for any injury, death, or damage to myself, including those caused by their negligent act or omission or any other acts. In further consideration of being a Volunteer of AWR with regard to its service, activities, events and programs, I knowingly, voluntarily and expressly promise not to sue, agree to hold harmless, indemnify and waive any claim I may have against AWR, its agents, employees, officers, directors, volunteers, representatives, or affiliates for injury, damages or death that I may sustain as a result of said participation.

I understand that as a volunteer of AWR, I will be working with injured, ill, and orphaned animals. I assume all risk associated with volunteering with AWR, including but not limited to, the risk of injury or disease transmission from the animals. I understand that there is always a risk of injury and/or property damage involved when working with animals, especially during activities related to rescuing, handling, transporting, and rehabilitating, and I agree to assume any and all such risks. I understand that I am to exercise a high degree of attention in carrying out my volunteer duties, and in doing so may still be subject to illness, injuries, and damage. **Volunteer's Initials** \_\_\_\_\_

I understand that the activities that I, as a volunteer, will participate in and that the animals that I will care for may be dangerous and have the potential to cause serious or grievous injuries, including bodily harm. I understand that I will be in contact with a variety of wildlife. I understand that as with most animals they may act in an unpredictable manner to sounds, movements, other people or animals that could result in injury. On behalf of myself, my heirs, assigns, 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.

**Volunteer's Initials** \_\_\_\_\_

I assume any risk, and take full responsibility, and waive all claims of personal injury, death, or damage to personal property associated with AWR, its agents, employees, officers, directors, volunteers, representatives, and affiliates. **Volunteer's Initials** \_\_\_\_\_

I also certify that I am responsible for discussing my volunteer service with AWR with my medical doctor and all recommended vaccinations by my medical doctor are my responsibility to obtain and maintain.

**Volunteer's Initials** \_\_\_\_\_

In connection with my participation in the services, activities, events, and programs of AWR, I consent of the use of my photograph and video or other likeness in the promotional and other materials of AWR without payment or other consideration made to me. **Volunteer's Initials** \_\_\_\_\_

I understand as a volunteer of AWR I will be in contact with animals that are, but not limited to, educational ambassadors, orphans, and injured. I understand that photos and videos are permitted with educational ambassadors while at events only. No other videos or photographs are permitted unless otherwise specified by the *Director of Animal Care or supervising NC licensed wildlife rehabilitator*. As a volunteer of AWR I understand that photographs and videos are for my own viewing and are not to be shared on social media platforms or for any other use unless approved by AWR. **Volunteer's Initials** \_\_\_\_\_

It is the policy of AWR that volunteers may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with AWR to any person, including relatives, friends, and business and professional associates, other than to persons who have a legitimate need for such information and to whom AWR has authorized disclosure. Volunteers shall use confidential information solely for the purpose of performing services as a volunteer for AWR. This policy is not intended to prevent disclosure where disclosure is required by law. Volunteers must exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Conversations in public places, such as restaurants, elevators, and airplanes, should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, volunteers should be sensitive to the risk of inadvertent disclosure and should for example, refrain from leaving confidential information on desks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons. **Volunteer's Initials** \_\_\_\_\_

I have read the above and fully understand its contents. I voluntarily agree to the terms and conditions stated above as shown by my signature below, which serves as 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 the waiver I am giving up considerable future legal rights. I sign the 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.

***Handwritten signature required (can be provided at volunteer orientation or training)***

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

If volunteer is under 18:  
AS LEGAL GUARDIAN OF \_\_\_\_\_ I consent to the above terms and conditions.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date