



# Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Are you older than 18? \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Other phone \_\_\_\_\_

Email address \_\_\_\_\_

Do you have any animal care experience? \_\_\_\_\_

Why do you want to volunteer at SFW? \_\_\_\_\_

How frequently can you help? Circle your choice(es):

One-time jobs                      On an occasional basis                      One or two hours, once per week

One shift of 4 hours per week or more                      Public events, fundraisers, outreach education

How do you want to help? What day/time?

If you are interested in the animal care opportunity, at least one shift of 4 hours per week, please mark the day and hours you would be available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

In case of emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell or work phone \_\_\_\_\_

## VOLUNTEER RELEASE AND WAIVER

NAME: \_\_\_\_\_  
(Please Print)

I understand that as a volunteer for St. Francis Wildlife Association (SFW), I will be working with injured, ill and orphaned animals and wildlife.

I assume all risks associated with volunteering at SFW, including but not limited to, the risk of injury or disease transmission from the animals and wildlife. Having read this waiver, I hereby waive and release SFW, the SFW staff, SFW Board of Directors, their volunteers, their supporters, their event sponsors and their agents from all claims and liabilities of any kind arising out of my work as a volunteer at the SFW facilities or SFW events, even though that liability may arise out of negligence or carelessness on the parts of the persons/agents named in this waiver. This release and waiver extends to all claims of every kind and nature whatsoever, foreseen and unforeseen, known and unknown.

I also certify that I have had a Tetanus vaccination and it is up to date.

I understand that I cannot work with any Rabies Vector Species without a Rabies Vaccination and that I must provide a copy of the proof of vaccination if I choose to volunteer with these animals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THANK YOU SO MUCH FOR YOUR INTEREST IN THE ST. FRANCIS WILDLIFE ASSOCIATION!

St. Francis Wildlife Association, Inc.  
P.O. Box 38160, Tallahassee, FL 31315

<http://www.stfranciswildlife.org>  
850.627.4151

Volunteer Release and Waiver  
Revised 05/10