



VOLUNTEER APPLICATION

(501c3 Non-Profit)

925 N Jackson Rd, Venice, FL 34292

Phone: (941) 484-9657 or after office hours (941) 416-4967

E-Mail: thewildlifecenterofvenice@hotmail.com

Date of Application: _____

Please complete this application and return it to the above email address. Once we have received your form, the Rescue & Volunteer Coordinator will contact you to schedule an orientation session.

*Required Fields

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

(Full-time resident ___Yes ___No)

*Home Phone: _____ *Cell Phone: _____

*E-Mail: _____

*Please indicate your area(s) of interest: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Food Prep | <input type="checkbox"/> Habitat Maintenance & Feeding | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Wildlife Rescuer | <input type="checkbox"/> Transporter | <input type="checkbox"/> Office |
| | | <input type="checkbox"/> Rescue Coordinator |

*Cleaning/Feeding in habitats

- | | | |
|--|---|---|
| <input type="checkbox"/> Grant Proposal Writing | <input type="checkbox"/> Public Speaking/Outreach | |
| <input type="checkbox"/> Fundraising/development | <input type="checkbox"/> Marketing/communications | <input type="checkbox"/> Team Leader |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Computer Hardware/software | <input type="checkbox"/> Information Technology |

***Please indicate your availability: (check all that apply)**

- Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

Wildlife Caretaker:	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Mornings-8AM-12N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons/Evening-12PM-2PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery(Certification Required)							
8a-12p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12p-4p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4p-8p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office / Dispatch / Maint:	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Mornings-8AM-12N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons/Evening-1PM-5PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rescue &/or Transporter:	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Time Frame							
Time Frame							
Time Frame							

Other Required Information:

Allergies: _____

Date of last tetanus shot: _____

Have you ever been convicted of a felony? If yes, please explain: _____

Emergency Contact: _____

Phone: _____

Relationship: _____

Volunteer Code of Conduct

It is acknowledged that The Wildlife Center of Southwest Florida would be difficult to run if we did not have volunteers to help and we want to provide a pleasant and positive working environment for all of our volunteers. However, the Wildlifeswfl reserves the right to dismiss any volunteer who does not follow the guidelines and instructions given by the staff. The following are guidelines for volunteers assisting at the Wildlifeswfl.

*Please do not wear any fragrances-perfume, cologne, aftershave, lotions, etc.

*Please sign in and out in the log book located on the intake table.

*Volunteers are never to handle any bird, mammal or reptile unless asked by a rehabilitator.

*Please wear close toe shoes

*If you must miss a scheduled shift, please notify the office as soon as possible so we can arrange coverage. Excessive absences will be reviewed on a case by case basis. This is to ensure the Wildlifeswfl has the patient coverage it needs every day.

*Everyone should wear PPE, ie, gloves and eye protection (disposable gloves are available at the different feeding and cleaning stations)

*Spend a minimal amount of time in the habitats when cleaning and delivering food.

*Do not talk to the patients or other people while you are inside a habitat.

*Please keep your emergency contact information up to date in the office.

*A current tetanus vaccination is recommended for anyone cleaning and feeding.

*If a volunteer has a question concerning a procedure or policy, he/she should ask the office.

Thank you for making it possible for us to care for the sick, injured and orphaned wildlife brought to us. We sincerely appreciate your desire to help.

I am interested in making a commitment to The Wildlife Center of Southwest florida and to the animals by assisting in this work as indicated above.

I understand that the Wildlife Center of Southwest Florida (Wildlifeswfl) is an organization dedicated to rescue, rehabilitation and release of injured and ill wildlife. As such, volunteer work at this center may involve close proximity to many types of wild birds, reptiles and mammals. It is possible that contact with wildlife or work at Wildlifeswfl may result in injury or illness. I agree that any duties I assume and any risk involved will be my sole responsibility.

I agree to hold harmless The Wildlife Center of Southwest Florida (Wildlifeswfl) its Officers, Staff Members and Volunteers should I be injured in the course of my volunteer work. I am responsible for any medical treatment/services deemed necessary as a result of or in connection to my volunteer work with Wildlifeswfl.

Signature

Date

Signature (Parent/Guardian of a minor)

Date

Photo/Video Policy

Wildlife in our care is not on exhibit, they are patients receiving treatment. For all patients, regardless of the current stage of their capture, transport, admission, examination, treatment or release: Photos are prohibited without consent of the Executive Director.

Signature: _____

Printed Name: _____ Date: _____

Non-disclosure agreement

It is the policy of the Wildlife Center of Southwest Florida that all information concerning any current, past or potential Wildlifeswfl patient and employee is considered confidential, whether it be written, spoken or otherwise communicated or obtained. All said information, ie. Photos, files, records, personal information or personal matters, etc, on any patient, employee, finder, treatment, etc. constitutes privileged information and is to be treated in a strictly confidential manner. Any discussion of any current or past employees will be handled by the Executive Director.

I fully understand and agree that I am not, at any time, to disclose, communicate or reveal any Wildlifeswfl related business, people, and patient information, records, files, photos, etc, or any other matters contained therein, to any unauthorized individuals or organizations outside of the Wildlifeswfl. Any violation of this policy will result in termination.

Also, any knowledge or witness of said breach of the above Confidentiality Policy by any part or parties shall be reported immediately to your immediate supervisor.

I have read and understand the Wildlifeswfl Non-Disclosure Agreement and agree to these rules as described above.

Signature: _____

Printed Name: _____

Date: _____