

**VANISHING SPECIES WILDLIFE
3000 SW 121 AVE
DAVIE, FL 33330
954-961-6500**

VOLUNTEER APPLICATION

We appreciate your interest in helping us care for injured and orphaned wildlife. Since Vanishing Species receives no federal or state funding, we must rely upon public donations and volunteers to support our work. Thank you for caring about wildlife.

Please complete this application, enclose a copy of your driver's license or photo ID and remember to sign the waiver on the last page.

Name _____ SS# _____
Address _____
City and Zip Code _____
Home Telephone _____ Driver's License # _____
Work Telephone _____ May we contact you there? YES NO
Occupation _____

Are you 18 years or older? YES NO DATE OF BIRTH: _____

Which days and times are you available? (circle your choices)
Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Mornings _____ Afternoons _____ Evenings _____

Briefly explain your experience in working with wild animals.

Do you have related knowledge, experiences, or studies?

Do you have any special interests or talents? _____

Why do you wish to be a volunteer at Vanishing Species? _____

Does your workplace have an employee newsletter? YES NO

Does your workplace have a matching gift program for non-profit organizations? YES NO

Please check which tasks you prefer. Training for volunteers will be provided as needed.

Building and Maintenance:

Electrical Painting Plumbing Construction
 Yard work Auto Repair Building Repair Carpentry
 Other

Fundraising:

Special Events Canister Program Selling Raffles
 Soliciting donations of services/items
 Fundraising Committee

Clerical Work:

Data Entry Computer Consultant Mass Mailings
 Telephones Other

Publications (newsletters, brochures, flyers):

Graphic design Printing Sign making & design
 Writing Photography Illustration
 Calligraphy Picture Framing Production

Education:

School presentations Adult community presentations

Volunteer commitment:

Project by project One day per week Twice per month
 Once per month Schedule varies greatly

In order to protect our wildlife a background check will be run on each volunteer.
Do you have any objections to such inquiry? YES NO

SIGNATURE: _____ DATE: _____

WITNESS: _____

If volunteer is under age 18, this form must be signed by a parent and notarized.

PARENT'S SIGNATURE

NOTARY PUBLIC

VANISHING SPECIES WAIVER AND RELEASE OF LIABILITY

WHEREAS, VANISHING SPECIES, INC. is a non-profit Florida Corporation engaged in the benevolent enterprise of aiding sick, abused, neglected, and ailing wildlife of all genres and species; and

WHEREAS, VANISHING SPECIES, INC. is dependent upon the monetary contributions of its benefactors and the contributions of time given by its dedicated and concerned volunteers; and

WHEREAS, the undersigned volunteer recognizes the inherent danger in working with ailing wildlife, and recognizes that the undersigned may be endangered by said wildlife which may injure and transmit disease and other microbiological dangers; and

WHEREAS, the undersigned volunteer assumes the risks of working with ailing wildlife and all the inherent dangers associated therewith.

NOW, THEREFORE, in consideration of these premises and of the privilege and opportunity of being permitted to volunteer and lend assistance to Vanishing Species, Inc. to further its charitable and benevolent cause and purpose, the undersigned does hereby agree as follows:

1. The above representations are true and correct and made a part hereof.
2. The undersigned volunteer has been apprised of and understands the dangers inherent in handling the wildlife handled by Vanishing Species, Inc., and voluntarily enters into this waiver and release of liability in the interest of promoting the best interest of Vanishing Species, Inc.
3. The undersigned volunteer hereby holds Vanishing Species, Inc. and/or its representatives harmless for any and all damages that the undersigned has incurred or may incur in the future as a result of performing services for Vanishing Species, Inc. and waives any and all causes of action, claims for damages, and any and all other rights of the undersigned volunteer arising from or which may result for the voluntary activities associated with performing volunteer services for Vanishing Species, Inc.
4. The undersigned volunteer hereby agrees not to file a legal action against Vanishing Species, Inc. and/or its representatives for any damages that the undersigned has incurred or may incur in the future as a result of performing or otherwise in connection with the voluntary services of the undersigned for Vanishing Species, Inc.

SIGNATURE: _____ DATE: _____

Volunteer

WITNESS: _____

If volunteer is under age 18, this form must be signed by a parent and notarized.

PARENT'S SIGNATURE

NOTARY PUBLIC

VANISHING SPECIES, INC MEDICAL SURVEY

It is not the intent of Vanishing Species to invade your privacy, however, as a volunteer within our organization, we must be aware of any medical history that may impact upon your services. In answering the following questions you will not necessarily be rejected as a volunteer. We simply wish to ensure your safety, as well as the safety of the wildlife we protect.

Do you or have you ever had any of the following:

SKIN

- Itching
- Rash/Hives
- Ulcers

DIGESTIVE

- Hepatitis
- Jaundice
- Liver Disease
- Ulcers
- Other _____

PSYCHIATRIC

- Nervousness
- Irritability
- Depression
- Nervous
- Breakdown
- Other _____

HEART

- Rheumatic Fever
- Heart Murmur
- Chest Pain
- Heart Attack
- High/Low Blood pressure
- Congenital Heart
- Heart Surgery
- Pacemaker

EYES/EARS/NOSE/THROAT

- Visual Change
- Glaucoma
- Hearing Loss
- Ringing in Ears
- Frequent Sore Throats
- Frequent Ear Infection
- Frequent Nose Bleeds
- Sinus Problems
- Allergies

RESPIRATORY

- Tuberculosis
- Emphysema
- Bronchitis
- Chronic Resp. Infection
- Asthma/Wheezing
- Persistent Cough
- Other _____

OTHER DISORDERS

- Circulatory Disorders
- Radiation/Chemotherapy
- Back Problems
- Cancer
- Stroke
- Chemical Dependency

BONE/MUSCLES

- Fracture
- Joint Disease
- Artificial Joint
- Muscle Pain or Weakness

NERVOUS SYSTEM

- Headaches/Migraine
- Dizziness/Fainting
- Epilepsy/Seizure or Convulsion
- Paralysis

ENDOCRINE

- Diabetes
- Thyroid/Goiter
- Hypoglycemia

BLOOD/IMMUNE SYSTEM

- Easy Bruising or Excessive Bleeding

- Anemia
- Leukemia
- Spleen Disorders
- Other _____

Do you have any drug allergies or have you ever had an adverse reaction to any medications?

YES NO If so, what? _____

Are you taking any medications at this time? YES NO

If so, what? _____

(WOMEN) Do you suspect that you are pregnant? YES NO

Is there any other information about your medical history that we should know?

SIGNATURE: _____ DATE: _____

WITNESS: _____