



VOICEMAIL LINE: (608) 302-1732
1570 County Road A Edgerton, Wisconsin 53534

Website: Feathered-Friends.com
Email: info@feathered-friends.com

Volunteer Application

Thank you for volunteering to help Feathered Friends Sanctuary and Rescue, Inc. This application is designed to provide us with the information we need to match you with our volunteer opportunities. Following a review of your application, a representative of Feathered Friends Sanctuary and Rescue, Inc. will contact you.

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home) _____ (cell) _____

Email Address: _____

Other background information/experience:

How did you hear about Feathered Friends Sanctuary and Rescue, Inc.?

Have you worked with parrots before? If so, where? _____

Do you have parrots of your own? If so, how many? What kind? _____

Have you volunteered at any other Shelters or Rescues? If so, where? _____

Why did you leave? _____



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Volunteer Interests and Expertise (Please check your interests):

_____ **In-shelter care:** I can help give the parrots food, water, and can clean cages, sweep, vacuum, socialize the parrots, and do any other jobs that need to be done at the sanctuary. We need volunteers 7 days a week to do these jobs. Our volunteers arrive at 10:00 a.m. every day and work for 2-3 hrs. After the work is done, then you may socialize with the parrots. You are making a commitment to volunteer at least 4 hrs. per month.

What days are you available for In-shelter care?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

_____ **Special Events:** I am interested in attending special events and fundraisers throughout the year, helping set up Feathered Friends Sanctuary and Rescue, Inc. information booth, and answering questions about the sanctuary.

_____ **Fundraising:** I can help organize fundraising efforts and/or collect donations of supplies or equipment to help Feathered Friends Sanctuary and Rescue, Inc.

_____ **Transportation:** I can provide transportation for surrendered or rescued parrots, parrots visiting the vet, or supplies and equipment.

Drivers License # _____

_____ **Education/Consultation:** I am an experienced bird keeper and would like to share my knowledge with our volunteers, groups or advise new or current bird owners on proper bird care.

_____ **Administration:** I can help Feathered Friends Sanctuary and Rescue, Inc. with office and administrative duties.



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____ **Photographer:** I have a digital camera and would like to help take pictures of incoming parrots for our website.

____ **Humane Education:** I am willing to go into classrooms and help Feathered Friends education staff members teach the children about responsible care of animals and pet ownership.

____ **Adoption Outreach:** I am interested in helping at various off-site locations, spending time educating the public about our sanctuary (it's policies and procedures), and answering questions about our available parrots.

____ **Veterinary Care:** I am an avian veterinarian in the Madison, Wisconsin, area and would like to donate my services to Feathered Friends Sanctuary and Rescue, Inc.

____ **Other:** I have another skill that is not listed here and would like to help Feathered Friends in this area. Please list: _____

What days are you available?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please share a little more about yourself and why you're interested in volunteering with our organization: _____

Signature _____ Date _____



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Volunteer Release Agreement and Covenant Not to Sue

I, the undersigned, do hereby agree to release Feathered Friends Sanctuary & Rescue, Inc. from all liability. I will not hold Feathered Friends Sanctuary & Rescue, Inc. liable for any damage, illness, or injury sustained during volunteer work. I, the undersigned, will never institute any action or suit at law or in equity against Feathered Friends Sanctuary & Rescue, Inc., nor institute, prosecute or in any way aid, assist or participate, directly or indirectly, in the institution or prosecution of any claim, demand, action or case of action for damages, costs, loss of services, expenses, or compensation for or on account of any damage, loss or injury either or person or property, or both, resulting from contact with or the action or conduct of any animal located at or in the custody of or in releases, demises, and discharges Feathered Friends Sanctuary & Rescue, Inc. and covenants and agrees to defend, indemnify and hold Feathered Friends Sanctuary & Rescue, Inc. harmless of and from demands, damages, suites, costs or expenses said volunteer's had or may have for any reason or which may occur or arise by reason of volunteer's association, activity or work now, heretofore or hereafter at or with Feathered Friends Sanctuary & Rescue, Inc.

Name (please print)

Birth date (Volunteers under 18 years of age must have parental/guardian permission)

Address	City	State	Zip Code
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Phone Number

Signature

Date



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Volunteer Confidentiality Agreement

I, the undersigned, understand and agree that I must maintain and safeguard the Confidentiality of information I may obtain through my activities as a Feathered Friends Sanctuary & Rescue, Inc. volunteer.

Confidentiality is a critical ethical issue in volunteer relationships. Volunteers are involved in relations with people surrendering their birds during difficult times. These families have a right to expect their experiences and decisions will be kept strictly private and confidential. A trusting relationship honoring an individual's Right to Privacy is necessary for surrendering parties to feel safe and comfortable in expressing his or her true feelings and concerns. Any and all personal information must be held in the utmost confidence.

I agree not to divulge, publish, or otherwise make known the unauthorized persons or to the public any identifiable, personal information, which is obtained in the course of my service as a volunteer. I understand that the surrendering party's written authorization is required for me to disclose any such information, and that this authorization must be obtained with an official Feathered Friends Sanctuary & Rescue, Inc. release form. Volunteers are not to discuss or disclose confidential information concerning surrendering parties in circumstances where an unauthorized person may overhear the conversation.

Confidential information also includes:

1. Data or information which identifies a surrendering party or family
2. Assessment forms, referral forms and computer records
3. Information received verbally from the surrendering party
4. Admission to or use of any veterinary care services, and all information and records compiled, obtained, or maintained by veterinary care workers and by me in the course of providing services
5. Any fundraising ideas, proposals, or upcoming project unless specifically instructed to do so by Feathered Friends Sanctuary & Rescue, Inc. Board of Directors officer
6. No talking to press, under any circumstances without prior approval
7. Any personal information I obtain regarding any of the other volunteers, including the Board of Directors.

I recognize that unauthorized release of confidential information may result in legal penalties including possible fines or lawsuits by surrendering party or family. As a Feathered Friends Sanctuary Inc. volunteer I understand that I may be terminated if I disclose confidential information without the surrendering party's written authorization or without the authorization of a member of the Board of Directors.

I understand and agree to the above policy, and I am aware that a breach of confidentiality will be grounds for dismissal in my role as a volunteer.

Volunteer Signature

Date

Name (please print):



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MEDIA RELEASE FORM

I, _____, grant permission to Feathered Friends Sanctuary & Rescue, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including but not limited to: videos, email blasts, newsletters, general publications, websites and/or affiliates (social media). I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Signature of parent or legal guardian: _____

(if under 18 years of age)

Thank You! We hope to have you volunteering with us in the near future!